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Today

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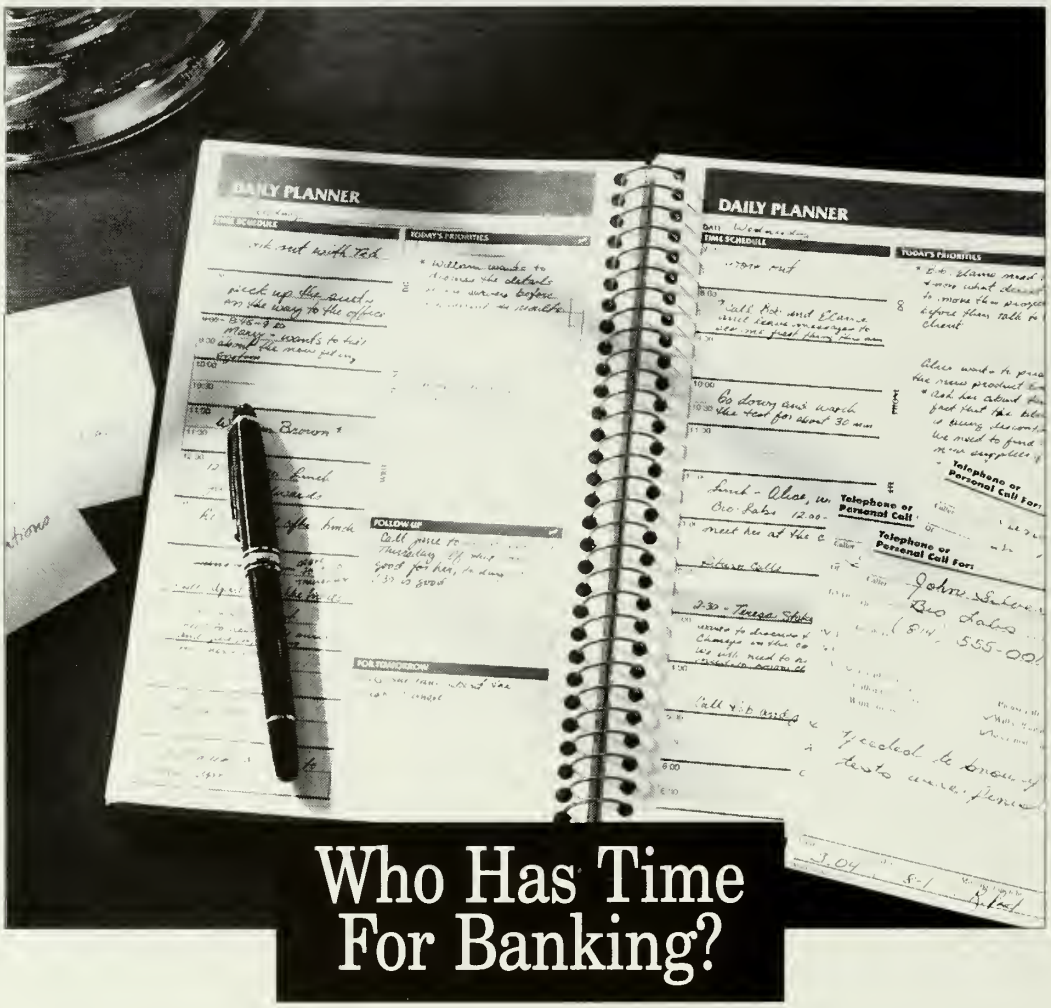

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Today

Volume 26, Number 3 Spring 1998

The Medical College of Georgia has had many high points during its 170-year history, but seldom has the university had more cause to celebrate than now. This fall, MCG will fulfill one of its loftiest goals and greatest dreams: the opening of the new Medical College of Georgia Children's Medical Center.

The new Children's Medical Center is featured in this edition of *Medical College of Georgia Today*. The facility has been in the planning stages for years, and no detail has been overlooked. Health care professionals, community members, parents and children have all provided input to create a facility that is family-centered from the ground up. We invite you to read all about the Children's Medical Center in this edition of the magazine.

In addition to reading about the nuts and bolts of the facility itself, we invite you to become acquainted with some of the people involved. Read, for instance, about MCG's work helping teens learn now how to head off heart disease down the road. Read also about a child whose sight was saved by MCG ophthalmologists, and about the remarkable efforts of MCG's reattachment team.

These articles, of course, only skim the surface of the many achievements that unfold day in and day out at the MCG Children's Medical Center. We think the CMC is one of the brightest gems in the state of Georgia. After reading this edition of the magazine, we hope you'll agree.

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at a glance

Breathing Easier

Medical College of Georgia researchers want to alert parents and teachers that physical inactivity in children may suggest more than a distaste for exercise. It may signal asthma.

MCG nurses and respiratory therapists recently screened 176 students at Richmond County's Hornsby Elementary School for breathing problems. "Thirty-two percent of those tested had possible breathing problems," said nurse practitioner Virginia Kemp. "A scary thing is that 80 percent of those were not identified in the school as having breathing problems."

Those children often simply avoid physical exertion rather than draw attention to their limitations, the researchers said. But their avoidance of the problem comes at a cost. "Studies suggest that if you don't treat asthma early, it can become chronic," said respiratory therapist Randy Baker. "With early intervention and proper treatment, you may decrease long-term problems."

The researchers hope to expand their screening and educational efforts, identifying children with breathing problems. As was the case with the Hornsby students, parents then would be urged to contact their pediatrician or would receive referrals upon request to treat the problem.

Eating-Disorders Alert

Dentists may be the first line of defense in putting the brakes on eating disorders. Swollen salivary glands, downy facial hair and an acidic residue in the mouth can signal bulimia or anorexia—and dentists are often the first to spot the problem. "Primarily the acid causes damage which leads to deterioration of enamel," says Dr. James Curtis, MCG Assistant Professor of Oral Rehabilitation. When he suspects bulimia, he gently inquires about his patient's eating habits.

"It's important to be sensitive and non-judgmental," he says. "Most patients deny they are bulimic, but at least the idea is planted that someone suspects something is wrong."

Knowledge is essential in recognizing indications of the disease, he says. "The idea," Dr. Curtis said, "is to treat the whole patient and not just the dental problems."

Patients diagnosed with an eating disorder can be referred to specialists in the field. Dr. Christian Lemmon directs MCG's Eating Disorders Program, tackling the problem at every level—including the emotional issues that triggered the problem.

A Helping Hand

The MCG Children's Medical Center is matching highly stressed new mothers with volunteers to help them through their difficulties.

The CMC First Steps program was developed by the Georgia Council on Child Abuse and is funded by the Children's Trust Fund. Poverty, youth, inexperience, a difficult pregnancy and/or a sick newborn are some stressors that can hinder effective parenting, says MCG clinical nurse specialist Cheryl D. Platt. First Steps identifies these highly stressed mothers, ideally before they give birth, and pairs them with a mentor well-versed in child-rearing. "We are providing emotional care to moms by having the volunteers go into their homes," says First Steps Coordinator Alice Johnson. "We are training our moms by helping them get to know themselves and their children."

Making the Grade

CMC teacher Tracy Kormylo makes sure that hospitalized and/or chronically ill children keep up their schoolwork. In a pilot program, one CMC patient "attends" her regular

Dr. William B. Strong, Chief of Pediatric Cardiology, with patient

class, even when hospitalized or homebound, using television-based videoconferencing. No matter where the patient is, she can maintain contact with both Ms. Kormylo and her middle school teacher. Such efforts ensure that CMC patients learn their schoolwork and maintain as normal lives as possible, even in the midst of medical treatment.

What's for Lunch?

If you ask your child what he had for lunch in his school cafeteria, his answer might be less than reliable. MCG Associate Professor of Nutrition Suzi Domel Baxter notes that children's self-reports of their diets are far from inaccurate; just because Johnny says he ate his carrots, in other words, don't count on it. Such misleading information can skew research that links nutrition and health. Dr. Baxter observed children eating lunch in elementary schools, then interviewed them at timed intervals afterward about what they ate and how much they liked it. She found that the accuracy of the children's self-reports decreased as the time interval lengthened.

Her research also enabled her to observe behaviors by teachers and school aides that might negatively impact children's food preferences. "In order to help children eat more healthfully," she said, "we need to assess what they are eating."

A Team Effort

MCG is taking a team approach to treating spasticity, a common and potentially disabling change in muscle tone. Common causes of spasticity in children include cerebral palsy, strokes and head injuries.

Centralized, comprehensive care is important for maximizing treatment and developing centers to compile data to measure the effectiveness of treatments, said MCG neurosurgeon John Vender. "The goal of this new service," he said, "is to reduce spasticity and spasms and improve quality of life." The team includes neurologists, neurosurgeons, occupational therapists, physical therapists, social workers and counselors who work to determine the optimal treatment plan, which may include medication, surgery or both.

Bedside Tool

A test that can be used at the bedside of a critically ill child to measure blood flow velocity in the brain may help determine the child's chance of survival.

MCG researchers coordinated a six-year study using transcranial Doppler, a non-invasive test using sound waves to measure brain blood flow, to examine 206 children with a severe brain injury. In 81 of the children, doctors identified two abnormal blood flow patterns that appear to be excellent predictors of whether a child will survive or significantly recover from his brain injury.

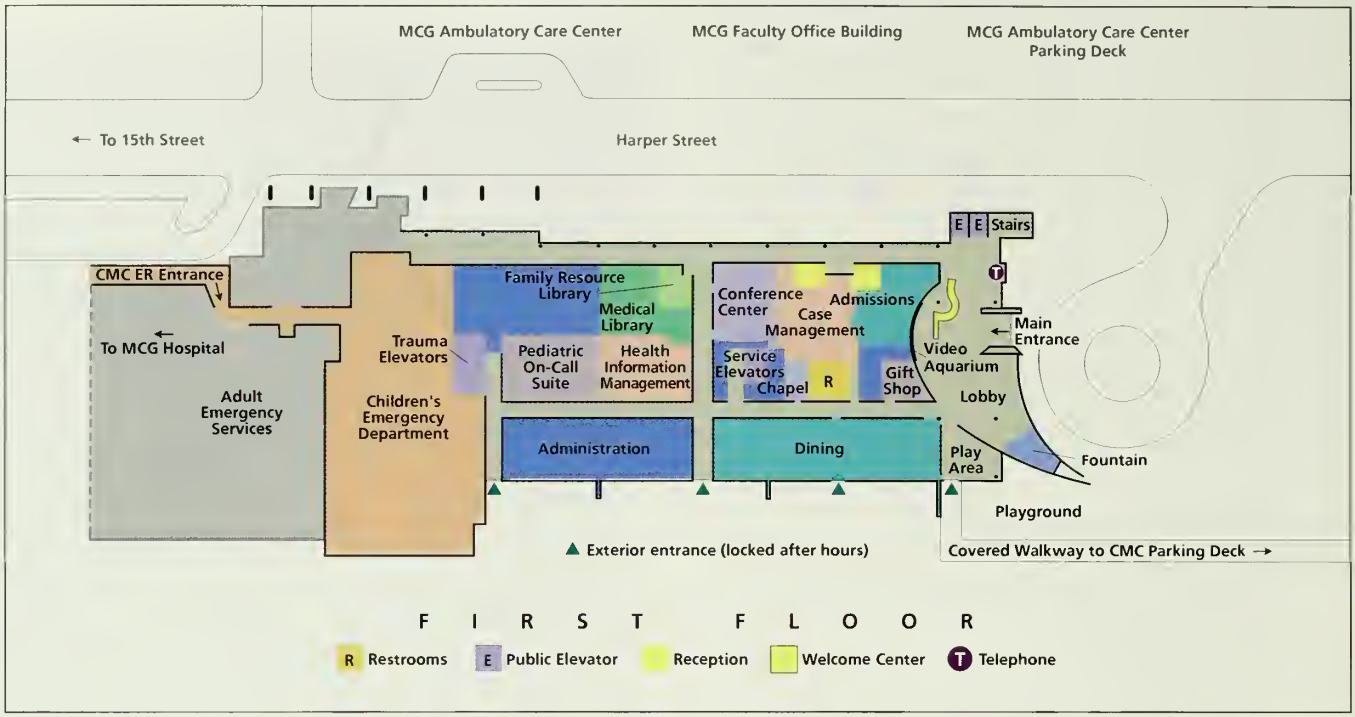
"If this finding is confirmed in a larger study, then we have a bedside tool we can use to serially monitor these children," said MCG pediatric intensivist Edward J. Truemper.

CMC patient Grayson Wyatt with mom Pam

Diabetes Screening

The CMC is participating in a study to identify those at risk for Type One insulin-dependent diabetes—then help them prevent it. The study screens diabetics' first-degree relatives for islet cell antibodies, an early indicator of the disease, in which the pancreas's inability to produce insulin efficiently can wage war on organs throughout the body.

If antibodies are found, participants get a follow-up test, then enter a prevention program if they are found to have markers for the disease. The program is designed to determine if insulin—known to be a lifesaver once the disease is diagnosed—can halt the disease's development. "If you don't yet have diabetes, but do have markers that you might develop it, the body's exposure to insulin appears to protect the pancreas so the immune system won't target it for further destruction," said pediatric endocrinologist William H. Hoffman.



TECHNOLOGY AND T.L.C.

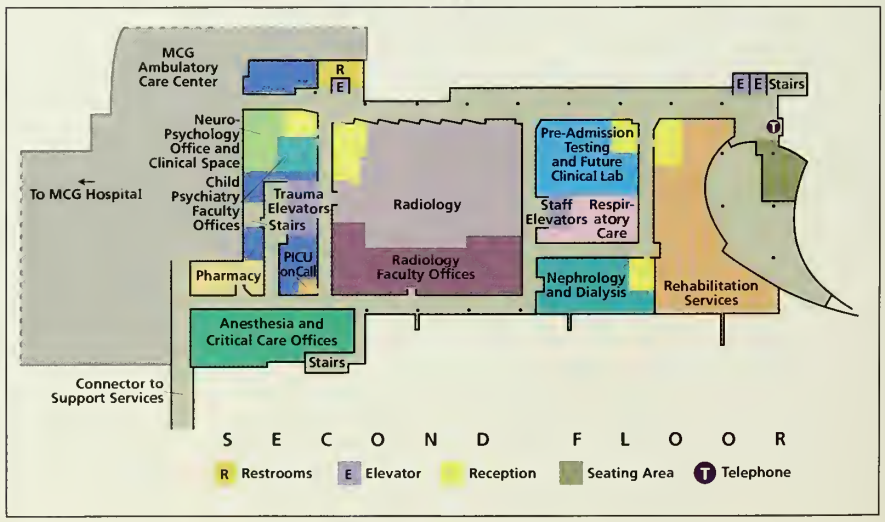
by Sally Simkins

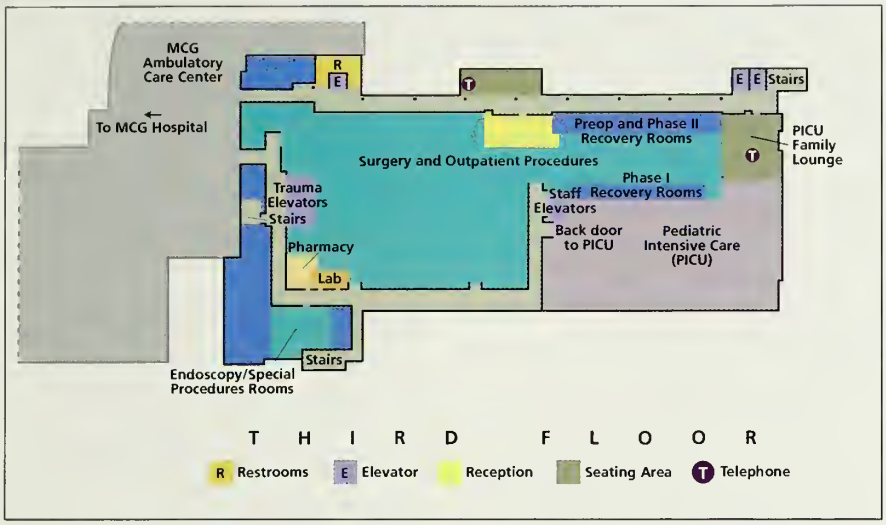
Not a day goes by that Elizabeth Ostric doesn't walk or drive down Harper Street. It's not necessary for her to go that way to get to work in the mornings or go home at night. It's the scenery that draws her there: the construction site of the new Medical College of Georgia Children's Medical Center.

"When I see it, I am in awe," Ms. Ostric, CMC Administrator, said of the new CMC, which will be dedicated May 1. Ms. Ostric wasn't in Augusta when ground was broken for the new hospital in November 1995. At the time, she was a vice president at LeBonheur Children's Medical Center in Memphis, Tenn. She came to MCG in spring 1996, five months after several young patients helped turn the soil with the ceremonial ground-breaking shovels.

"The building's character and personality are now emerging," Ms. Ostric said. MCG, working with CMC families, community members, architects and builders, could not have planned a better place for children, she said.

The new MCG Children's Medical Center avoids the tendency to treat space for children with a conventional playhouse mentality, according to judges who selected it a winner in the 12th annual Design Awards Competition sponsored by Modern Healthcare magazine and the American Institute of Architects' Academy of Architecture for Health. The awards recognize excellence in designing and planning new and remodeled health care facilities.





"This project transmits exuberance and excitement," said judge Merlin Lickhalter. "This is a real design at the right scale in which technology and tender loving care seem to come together naturally."

Judge Frank Grauman said the facility's design shows "excellence in patient and family space—real places for people to spend time and spend it well."

Judge William Powanda called it a superb architectural achievement responding to the needs and interests of patients.

And well it should. Patients and their families helped design it. They said what they wanted, and the architectural firm Stanley, Beaman and Sears of Atlanta incorporated their ideas into their plans.

"They made a very concerted effort to be sure that the hospital would be oriented toward the patients and families," said Roger LeDuc of Aiken, S. C., whose 13-year-old son, Paul, has been a CMC patient over the years. "They even had us help try out the furniture to be sure it was comfortable, knowing that parents would be the ones sitting for long periods of time.

"They talked with kids from 5 years old to their mid-teens to find out what matters to them," Mr. LeDuc said.

His son, Paul, serves on the Children's Advisory Council—KidsART (Architectural and Recreational Team)—which helped develop the CMC. "We all gave suggestions," he said. "I suggested that they have fruit salads with lunch and dinner, with things like pineapple and kiwi—things that are good for you.

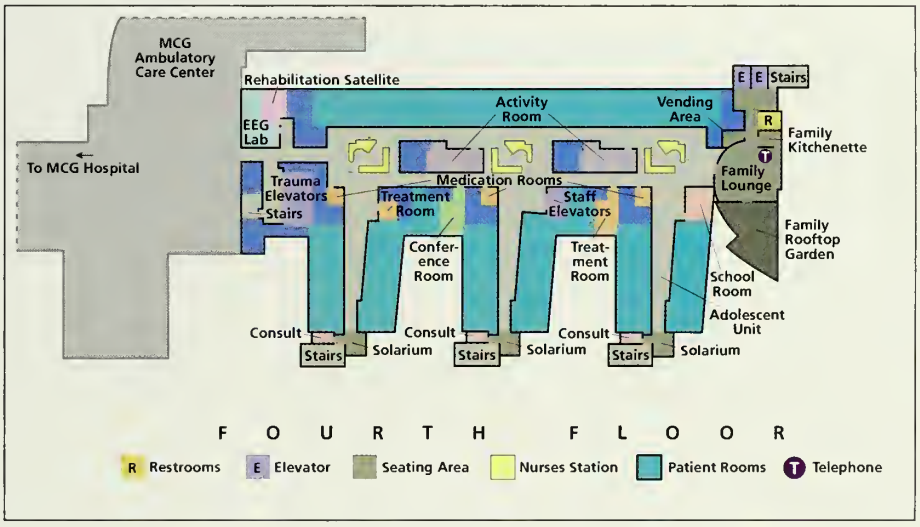
"I also suggested that they paint the walls different colors in the exam rooms," he continued. "Have one speckled room, another polka dot and another one with pirates. When I was a little kid, I didn't like to get blood tests. It would hurt when they stuck the needle in. The colored rooms would make it better."

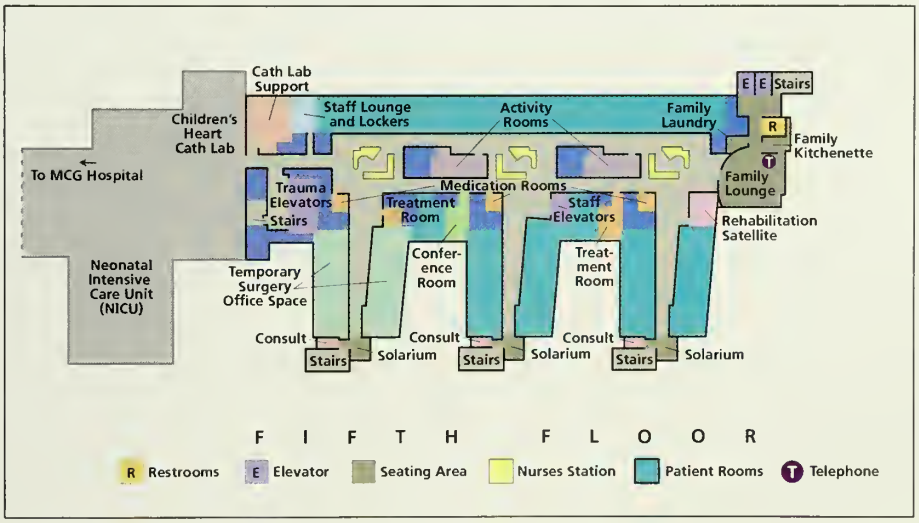
Paul said the MCG Children's Medical Center is a lot different from other hospitals he's seen. The design of the facility focuses on nature and technology, integrating health care, education and entertainment to create healing environments for children and their families. The nature and technology experience is progressive throughout the facility, from the entry plaza's natural arbor where fruit trees will provide a symbol of life, to the lobby where nature and technology are combined in a video aquarium and to the technological arbor where the sights and sounds of nature will provide an intriguing and imaginative pathway to diagnostic and treatment areas.

The video aquarium is comprised of a large grouping of video monitors that will project a single image of an aquarium showcasing an exotic undersea world. Dolphins, whales, seahorses and other ocean life will be featured, while ocean sounds will be heard in adjoining waiting areas.

A warmly colored fossil flooring in the lobby will lead to the reception area; several large dinosaur fossils will be etched into the walls, showing them lumbering down the corridor toward the Family Resource Library.

The technical arbor will mark the pathway to all treatment areas in the five-





story building. A series of video totems will appear throughout the arbor to display images of nature—waterfalls, rain forests, gardens and mountains. Sounds of nature will be heard along the path. The interior design is a green theme; technological tree canopies constructed of computer circuit boards accent the entries of each department.

To encourage parents to remain actively involved in their child's care, as well as for their comfort, all rooms will have trundle beds for family use. There also will be family lounges with comfortable seating in a living-room atmosphere, kitchenettes and laundry facilities. The Pediatric Intensive Care Unit will have room for parents to stay near their children around the clock. An outdoor roof garden on the fourth floor will offer patients and family members a peaceful diversion.

Patricia Sodomka, Executive Director of MCG Hospital and Clinics, sees the facility as a source of hope and strength, a place where families know they can feel very confident that are going to get the best care.

"When a child is ill, it is stressful for the whole family," Ms. Sodomka said. "We want families to feel like this is their place. It's meant for them."

And the whole community will be involved and represented, she noted. Community physicians, many of whom will serve as CMC partners, "are in many ways key to our ultimate success," Ms. Sodomka said.

The new CMC will have its own emergency room and pediatric trauma center, operating rooms, laboratories, radiology suite, admissions process and parking. Its proximity to MCG's other clinical facilities will allow it to continue to make use of those vast resources as well.

The 220,000-square-foot hospital will replace existing inpatient pediatric facilities located primarily on the eighth floor of MCG Hospital and will be easily accessible from the pediatric outpatient facilities on the third floor of the MCG Ambulatory Care Center. It will increase from 111 to 149 the number of beds dedicated to the care of sick and injured children.

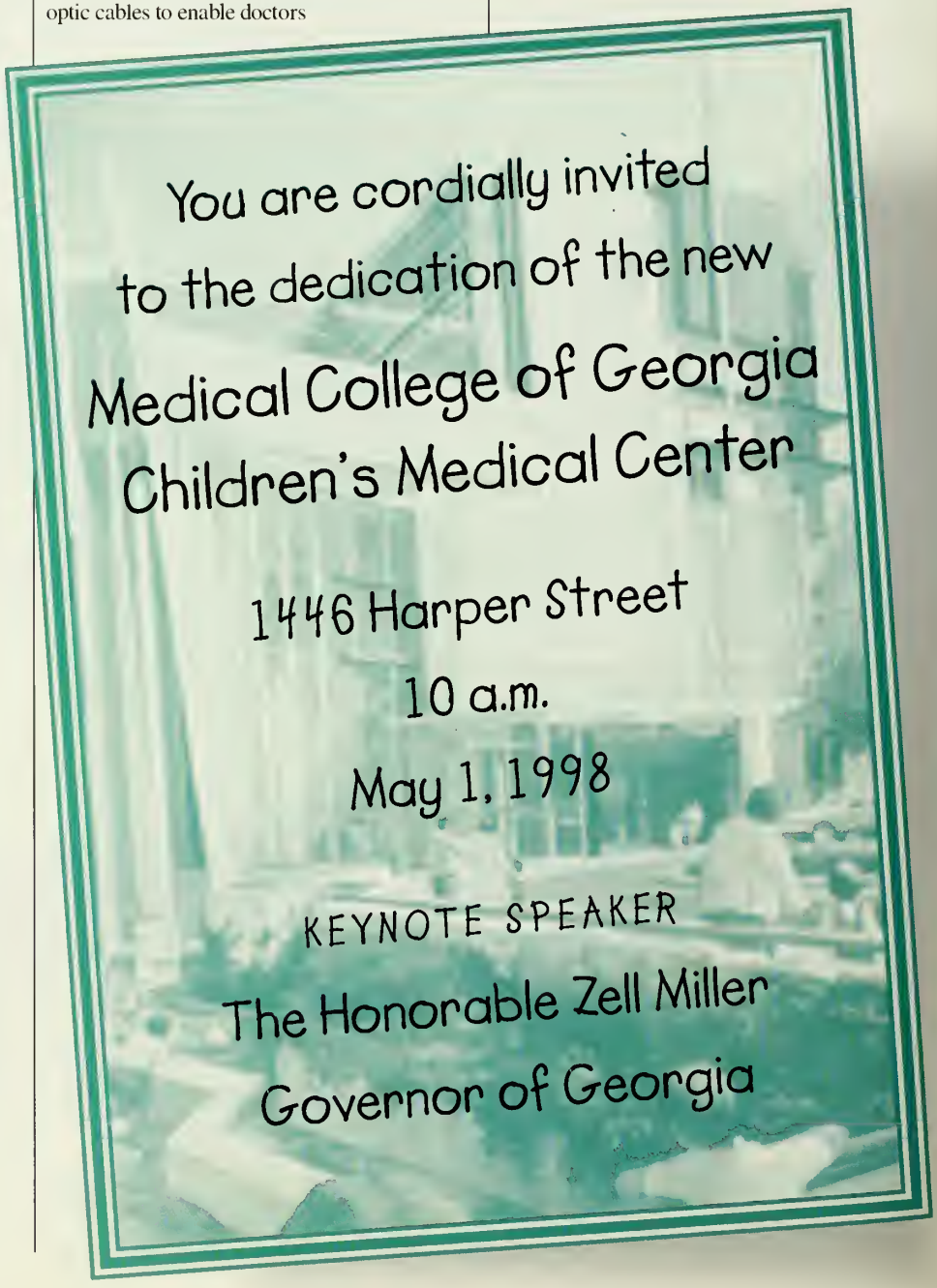
The services of the MCG Children's Medical Center aren't limited to the facility in Augusta. MCG doctors take their prevention message into Georgia's classrooms, giving children, teen-agers and their parents the information they need to live healthier lives. Some visits are in person, others via the state's distance-learning network.

The CMC also is generating wellness information for young people through the MCG Georgia Institute for the Prevention of Human Disease and Accidents. And, instead of children and families from throughout Georgia always traveling to the CMC in Augusta, health care providers at the CMC travel regularly to satellite clinics in the Georgia cities of Waycross, Brunswick, Savannah, Valdosta, Columbus, Warner Robins, Macon, Athens, Moultrie, Thomasville, Fitzgerald, Albany and Dublin.

Technology also can reduce the need for families to travel for health care. The MCG Telemedicine Center and the Georgia Statewide Telemedicine Program use high-resolution video cameras and computers linked together via a special grouping of telephone lines and fiber-optic cables to enable doctors at the CMC to examine patients in clinics and hospitals hundreds of miles away and, much of the time, eliminate the need for families to travel.

As a clinical facility of Georgia's health sciences university, MCG Children's Medical Center is a dynamic teaching environment where the most current approaches to health care are practiced, taught and, often, discovered.

Dr. William P. Kanto Jr., Chairman of the Department of Pediatrics and Medical Director of the CMC, said the CMC intends to be one of the top 10 children's medical centers in the country. "We will do this by providing the finest technical care in a compassionate, family-centered environment," he said.



CIRCLE OF CHILDREN

by Carole J. Smith

Children encircle Elizabeth Ostric's life—professionally, as Administrator of the Medical College of Georgia's Children Medical Center, and personally, as mother to her 2-year-old son, T.J.

"I don't have any disconnections in my life between where my heart is with children and what I do for my living," said Ms. Ostric. "I'm very fortunate because most people don't get to have that in their work."

A native of New Bedford, Mass., Ms. Ostric received her bachelor of arts degree with a double major in biochemistry and history from Smith College and her master of health administration and planning degree from Washington University School of Medicine.

Following an administrative residency at Le Bonheur Children's Medical Center in Memphis, Tenn., she joined Le Bonheur's staff and worked in various capacities including Director of Admissions and Telecommunications,

Assistant Vice President of Finance and Vice President of Operations. Before joining MCG in 1996, Ms. Ostric was Vice President of Program Development of Le Bonheur Health Systems, Inc.

Leaving Tennessee was difficult after 12 years, but the opportunity to be a children's medical center administrator, one of her lifelong goals, lured her to Georgia. MCG administrators, faculty and staff also influenced her decision to relocate.

"Pat [Sodomka, Executive Director of MCG Hospital and Clinics] obviously had her goals and heart set on trying to provide a superb children's medical center here," said Ms. Ostric. "I had already met Dr. [William P.] Kanto [CMC Medical Director] when he spoke at a conference several years ago in Memphis."

During her interview process, Ms. Ostric was impressed by the commitment to the CMC from the community, the staff and family members like Julie Moretz, whose son, Daniel, was born with congenital heart defects and treated at the CMC. MCG's reputation as an outstanding academic institution was another attraction.

"I had heard from people in training programs that MCG graduated some of the best pediatricians in the country," said Ms. Ostric. "I didn't want to miss being part of such a high-quality institution."

Ms. Sodomka believes MCG was fortunate to attract Ms. Ostric.

"Elizabeth is a very creative, energetic, visionary leader who brings just the right touch for both families and their little ones, as well as facilitating the collective work of the faculty, the private-practice community and the entire staff," said Ms. Sodomka.

Kids are Ms. Ostric's favorite part of the job, but she also delights in nurturing people in their careers and watching them achieve their potential. "I think one of my greatest strengths is understanding that people, given the opportunity, will create, succeed and excel better as a group than any one person's vision could have succeeded in building a wonderful CMC," Ms. Ostric said.

Dr. Kanto believes Ms. Ostric's enthusiasm, vision and experience have been a valuable catalyst in the development of the CMC. "She possesses a unique blend of the understanding and vision necessary to provide leadership to a children's medical center that is housed within an academic health science center, which must also be responsive to the community," said Dr. Kanto.

Ms. Ostric believes that within five years the CMC will be well on its way to fulfilling the vision of family-centered care by serving as many children, from infants to young adults, and families as possible.

"I think people will come here who are desperately ill, but I think people will also use our hospital as a health resource to boost the health of themselves and their families," said Ms. Ostric. "Because of the people who are involved, whether it's the Children's Advisory Council,the Family Advisory Council, the medical staff or the volunteers, I think you get a sense of the fact that we're building something that's unique and special." She also noted the invaluable contribution of community physicians, who are forming partnerships with MCG to ensure that the Children's Medical Center reaches out to the entire community and beyond.

Ms. Ostric's move to the CMC coincided, ironically, with the materialization of another of her goals: motherhood. For three years, Ms. Ostric waited on a list to become an adoptive parent. Twenty-four hours before she sold her house in Memphis to relocate to Augusta, her social worker notified her that a 6-month-old boy was available.

Upon seeing T.J.—the image of the Gerber baby—her heart was captivated.

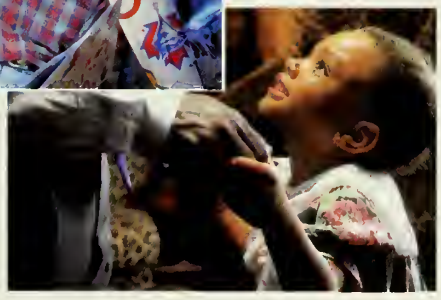
"It was one of those things," said Ms. Ostric. "I have two things that I've always wanted to do. I've always wanted to be the administrator of a children's hospital, and I've always wanted to be a mom. So the fact they both happened the same week was just an overwhelming opportunity."

Now 2, T.J. is "smart as a whip" (according to Mom) and attempting to find out just how Santa Claus comes down the chimney on Christmas Eve.

Inquisitive minds, both at home and at work, keep Ms. Ostric's life stimulating.

"Every kid's a hero," she said, "and they're just waiting for their opportunity to show you."

MEDICAL COLLEGE OF GEORGIA
CHILDREN'S MEDICAL CENTER



The MCG Children's Medical Center is the children's hospital of Georgia's health sciences university, attracting patients from throughout Georgia, South Carolina, the Southeast and beyond.

Here, pediatric subspecialists representing every field of medicine not only treat the immediate health care needs of children, but are dedicated to the future of pediatric medicine as well.

In fall 1998, MCG will open a new Children's Medical Center.
This exceptional facility will offer teens, children and infants the highest level of medical care available.

Augusta, Georgia
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Thumbs Up

by Christine Hurley Deriso

Twelve-year-old Josh Chance is snuggled into a corner of the plaid couch in his grandma's cozy, wood-paneled den. He's just returned from school, and now it's homework time. His books are sprawled around him. He jots down answers in the notebook on his lap, periodically nibbling the cookie he holds in his left hand.

He's a little restless; homework's fine, but he'd rather be outside. And who can blame him? He has to look no farther than the windows of his grandma's den to see his playground: hundreds of acres of woods and neatly cultivated farmland near Waynesboro, Ga. His dad grows cotton, soybeans and wheat on the family farm, and Josh's stomping ground extends as far as the eye can see. Their land is where he plays catch, swims, climbs trees and tends to the serious business of being a kid. But as Josh takes a bite of his cookie, a small, almost unnoticeable scar on his thumb serves as a sober reminder: No matter how idyllic the setting, energetic children and the great outdoors can make for a combustible combination.

In early spring 1996, Josh wanted the family pool drained to prepare for a summer of swimming. He, his older brother, Bill Jr., and their cousin decided to simplify the job by using the family tractor. They reached the tractor, which needed the draw bar dropped so a pump could be hooked to it. Josh sat on the ground by the draw bar to push up the pin that held it in place. But he didn't anticipate how quickly the 200-lb. draw bar would drop once the pin released it. He raised the pin, then lingered for just a second too long—long enough for the draw bar to slam down on his thumb.

Bill and his cousin watched the split-second scene unfold in horror. After a moment of stunned paralysis, they sprang into action. Their cousin ran back to the house, shouting for Josh's mother and grandmother to call for help.

"My mama liked to pass out," Bill Jr. recalls. "My grandma called 911."

Meanwhile, Bill stayed by the side of his injured brother, who was pinned down by the draw bar and couldn't move. Bill soothingly told Josh to hang in there; help, he promised, was on the way.

Josh, for his part, was preternaturally calm. "He never cried," Bill says. "It was amazing. He was just as brave as he could be about it."

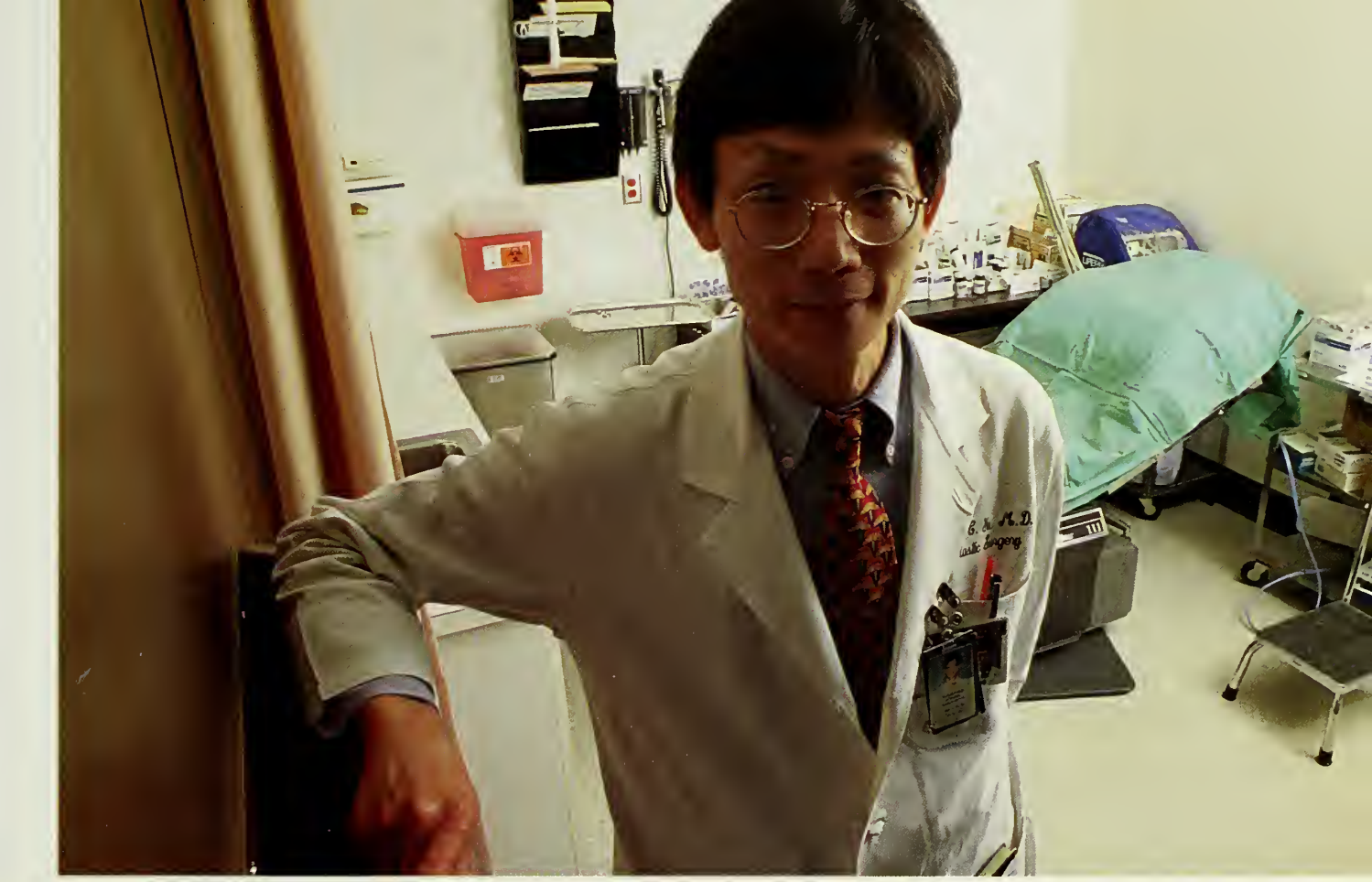
Josh doesn't recall much pain, "but my thumb was real numb," he says. Bill looked closely at his brother's hand to survey the damage. What he discovered made his jaw drop.

He sputtered, "Josh! Your thumb! It's off!"

By this time, emergency medical technicians had assembled, along with Josh's horrified family.

"His mother was in worse shape than he was," notes Josh's dad, Bill Sr.

Indeed, Josh's most vivid memory of the accident is of his



Dr. Jack Yu

family's distress. "My mama was in tears, and my grandma was real worried," he says.

The EMTs worked feverishly to free Josh from the tractor—an arduous, complicated task that lasted a grueling two hours. Josh's grandma recalls putting a piece of Werther's candy in his mouth while he waited to be rescued. "It was all I could think to do," she explains.

Finally, Josh was freed, and the EMTs began the next vital step of their job: rushing him to a hospital. With sirens blaring and Josh's severed left thumb bandaged to his hand to hold it in place, they headed for the Medical College of Georgia, about 40 miles north.

Once he arrived at MCG, doctors quickly assessed the situation and determined that the likelihood of saving his thumb, attached to the hand by only the flimsiest thread of skin, was miniscule.

As Josh's thumb dangled by a thread, so did his future. The thumb is responsible for 50 percent of the hand's function, enabling a human being to throw a ball, wind a watch, turn a key, steer a wheel, button a shirt, stir cream into coffee, thread a needle and countless other functions ordinarily taken for granted. He could certainly survive without it—but at what cost?

Dismal odds notwithstanding, Josh couldn't have been in better hands. MCG's reattachment team, which averages about six adult and pediatric reattachments a year, combines the expertise of plastic surgeons, orthopedic surgeons, pediatric intensivists, anesthesiologists, nurses, physical therapists and other health care specialists to work to reattach severed limbs and fingers. But there are no guarantees.

"The tractor had literally guillotined Josh's thumb," says MCG plastic surgeon Jack Yu. "We didn't think [reattachment] would work."

He and his colleagues pulled no punches with Josh's family. "They said Josh had a 10 percent chance of keeping his thumb," says Josh's father.

But the family had faith that, one way or another, everything would work out. Josh's father clutched his son's uninjured hand and said, "Josh, don't you worry. You've got a good bunch taking care of you."

While the family prayed, the team went to work.

Reattachment is among the most delicate, intense and complicated forms of surgery. A jumbled mass of arteries, veins, nerves, tendons, muscles and bones must be methodically and precisely sorted out. Many of the necessary components are thinner than a strand of hair.

The sharper the amputation, Dr. Yu explains, the better the chance of reattachment. Mangled amputations produce more vessel damage.

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"We have to have a blood vessel to sew to," Dr. Yu says. "And we need an artery for the blood to flow into the severed part. Hopefully, we'll also have a vein so blood can flow out. If we don't get a vein going, there are methods to [artificially restore blood flow] for several days until the blood flow is re-established. But first, you must get the bone reattached," a function performed by orthopedic surgeons in complicated cases such as limb reattachment.

Nerve reattachment is also vital. "If nerve damage is irreparable, you will essentially have a living prosthetic—no function or feeling," Dr. Yu says.

Reattachment, he explains, involves two "patients": the person—and the severed body part. For instance, in a recent case, a little girl's arm was completely wrenched off in a car accident. Dr. Yu sorted out the pieces of the non-severed part of the arm while MCG plastic surgeon Glenn Lyle, Co-Director of MCG's Hand Service, treated the severed arm.

"It was crushed, but this child was so young, we made every effort," Dr. Lyle says. Incredibly, after 15 hours of surgery, the little girl's arm was successfully reattached.

During reattachment surgery, related considerations loom large. For instance, pediatric intensivists must control blood flow and provide a clear view for plastic and orthopedic surgeons. Anesthesiologists, meanwhile, ensure that all vital physiological processes are maintained. Another concern: the highly acidic blood of a reattached limb or finger can release toxins into the general circulation. The team must be constantly vigilant.

"This really is a team effort; you're only as good as your weakest link," Dr. Yu says. "It's a matter of executing a plan and sticking to it. If you persist and give Mother Nature a chance to get the blood flowing again, you may be surprised."

Pediatric intensivist Edward Truemper lauds the team's spirit of cooperation. "The group is absolutely wonderful to work with," he says. "Everybody blends together. All egos get checked at the door. The child and family are the focal point of the care."

As the team pieced together the severed parts of Josh's thumb, they were delighted to find that the surgery was working. They located a blood vessel, enabling them to re-establish blood flow. Suddenly, Josh's initially dismal odds of a successful reattachment were soaring.

After surgery, everyone settled in for a wait-and-see period. If blood flow continued, if infection was avoided, if, if, if... The surgeons had done their best. Now Josh's recuperative abilities were put to the test.

His youth was in his favor. "In general, younger patients adapt better than older patients," says Dr. Lyle.

Dr. Yu concurs. "Children recover better because in general, they bounce back faster," he says. "They have better regenerating capabilities. We make an extra effort for children because the consequences will last many, many decades."

Children have the added bonus of being emotionally resilient. "Kids in these situations often seem less traumatized than the parent," says Dr. Truemper. "It's almost like they don't know what they lost—or potentially lost."

Josh proved to be a remarkable trooper. He spent six days in the hospital as his reattached thumb and general health were monitored. Everything was going smoothly. Josh's only beef was that his bandaged thumb hindered his deftness at the video games that were brought to his bedside. "I feel like I spent most of my life at MCG," he says in his light Southern drawl. "But it was fun. The nurses and [child life specialists] brought me movies and games. I got to pick out what I liked to eat, like meat loaf and spaghetti." One afternoon, his entire baseball team visited, showering him with homemade get-well cards.

When Josh left the hospital at the end of the week, he seemed well on his way to complete recovery. Two follow-up surgeries within the next few months sealed his fate. Josh was virtually as good as new.

"They did a fine job with him," says Josh's dad. "We're mighty proud of them. They broke their backs to help him and make us comfortable."

Today, Josh's scar is the only hint that he once was trapped under a tractor. He's an active, good-natured seventh-grader who wants to be a surgeon when he grows up. "I want to live on a farm when I grow up, but I'll let somebody else use the tractor," he says with a wry grin.

Dr. Yu is happy he could help. "I think it should be very reassuring to our community to know that if, God forbid, you lose a limb, we'll try to put it back on for you." ■

Fit for a Kid

by Toni Baker

Finding the best way to get chubby, inactive teen-agers on the road to a healthy future is the focus of a study at the Medical College of Georgia.

Ninety teen-agers with sedentary lifestyles and high body fat percentages are being recruited for a two-year study at MCG's Georgia Prevention Institute to compare three potential solutions: lifestyle education; lifestyle education coupled with high-intensity exercise classes; or lifestyle education with longer but lower-intensity exercise classes.

"If people were willing to adopt one of these three strategies, at this point, we wouldn't know which to recommend," said Dr. Scott Owens, exercise physiologist and project director for the $1.5 million grant from the National Institutes of Health. "There are unanswered questions in this field like, 'What is the best recommendation for this age group that physical educators or physicians could make to clients or patients? What sort of interventions would be most effective in the greatest number of teen-agers?'''

There is no question that record numbers of children and teens are living sedentary lifestyles, perched in front of televisions and computers, eating junk food and getting fat, he said. Dr. Owens hopes this comparative study will provide objective data on what does and doesn't work to change that in this group ages 13 to 16. This year the institute is enrolling 45 teens in the study, 15 in each arm. They will be active participants for eight months; eight months later, researchers will follow up with the teens to see what lasting impact the program had. Next year, 45 more teens will go through the same process.

Those enrolled only in lifestyle education classes talk each Tuesday with Dr. Christian Lemmon, a clinical psychologist who directs MCG's Eating Disorders Program, about topics such as good nutrition, reading food labels, why and how they eat and how regular physical activity is important to good health and effective weight control.

"My main goal is to get them to stop and think about what they are doing every time they eat," Dr. Lemmon said. "Not only about what they are doing nutritionally, but why they are eating."

Studies have shown that as many as one-third of the overweight people who seek treatment have a problem with binge eating. And many overweight people eat not just because they are hungry, but because they are upset, bored, angry, happy, sad or for any number of emotional reasons, he said. He's giving the teens some common-sense tips such as eating only at the table; eating slowly and enjoying their meal; serving themselves only one helping at a time; and leaving food on the plate if they're full.

"We need to make small changes," Dr. Lemmon said. "Any time we do something drastic, it's hard to stick with it. That's why we call it lifestyle education."

Teens who take exercise classes also come to the Georgia Prevention Institute three to five times a week after school for an aerobic workout on treadmills, stationary bicycles, rowing machines or skiers. Each participant has an individualized exercise prescription based on results of a treadmill test, Dr. Owens said, but generally they exercise for approximately 30 minutes in the high-intensity class and 50 minutes in the lower-intensity class. At this point, the exercising is purely aerobic, which burns the most calories, although Dr. Owens said circuit weight-training may be worked in later as the teens get more fit.

Researchers at the Georgia Prevention Institute are still reviewing data from a similar study they completed on children ages 7 to 11. Preliminary results showed that regular physical activity yielded improvements in the ratio of lean muscle to body fat and improved fitness levels.

"Cardiovascular disease tends to show up in hard-end points later in life such as sudden death from a heart attack, but it's a lifetime process and there's evidence that the process begins early in life," Dr. Owens said. "So one of the basic assumptions is that if poor cardiovascular health is a lifelong process that starts in childhood, can you make a difference by intervening at an early age, especially in people who are at high risk anyway because they are overweight."

The Georgia Prevention Institute, directed by Chief of Pediatric Cardiology William Strong, complements other pediatric cardiology efforts at MCG, including treating children with the most complicated and life-threatening congenital heart defects. MCG researchers also are hard at work in better understanding these heart problems. For instance, Dr. Margaret Kirby has developed an animal model with induced congenital heart defects so she can study how and why the defects occur—insight that will add immeasurably to treating and perhaps even preventing these maladies. ■

The Gift of Sight

by Toni Baker

He had an isolated birth defect with insidious ramifications: Phillip E. Hunter Jr. was going blind.

The first time his mother saw him, his eyes were large and swollen from elevated intraocular pressure and his corneas had a bluish-white hue.

Lacy Grimes had an uncomplicated second pregnancy and delivered her otherwise healthy boy Feb. 3, 1997 at St. Joseph Hospital in Augusta. But when she awoke from the anesthesia and asked to see her son, Augusta pediatrician Halbert Capuy told the young mother to prepare herself. Phillip had glaucoma. Ms. Grimes' mother and father had glaucoma. But her baby? "When they brought him to me, I cried. It hurt," she said.

Phillip was immediately transferred to the Medical College of Georgia Children's Medical Center and to Dr. Steven Brooks, pediatric ophthalmologist. "It was striking," Dr. Brooks said of his initial assessment of Phillip. As he looked further, he found more problems. The anterior portion of Phillip's eyes were atrophied. His lenses were only tiny, rudimentary remnants of what they should be and his irises were underdeveloped and irregular. Most worrisome, the pressures inside his eyes were more than double the normal measure.

"The fluid being produced inside the eye was getting trapped," Dr. Brooks said. "So the pressure was building up inside his eyes and making the eyes expand, like a balloon almost, and stretch and

Dr. Steven Brooks with Phillip and his mother

enlarge. You opened his eyelids and all you could see was the cornea. You didn't see the whites of his eyes because the corneas were so enlarged." The pressure also was pushing fluid into the cornea, discoloring it to a whitish-blue. Perhaps most importantly, the elevated pressure was preventing normal blood flow and circulation to the optic nerve.

Phillip's eyes were producing aqueous fluid faster than they could eliminate it. "The eye normally makes fluid to bathe the tissues inside the eye and supply nutrients," Dr. Brooks said.

Then it flows into a small, continuous channel that runs the circumference of the cornea and works much like a collection basin. Tiny aqueous veins then transport the fluid into the body's general circulation. Phillip's balance was thrown off by insufficient channels for the fluid to escape. So fluid backed up, pressure built up and his eyes were being destroyed.

Dr. Brooks asked Dr. David Flannery, a specialist in pediatric genetics at the Children's Medical Center, to determine if Phillip's glaucoma was actually a symptom of a genetic condition. At the top of the suspect list was deadly Lowe's syndrome in which a dysfunctional biochemical enzyme cannot detoxify chemicals that injure and eventually destroy the liver and kidneys; the brain and eyes also are affected, typically resulting in mental retardation and congenital glaucoma.

Early laboratory studies were consistent with Lowe's syndrome, but on follow-up physical examination, Phillip's development was not. Except for his eyes, he was progressing normally.

The most recent laboratory tests confirmed Dr. Flannery's assessment that Phillip does not have Lowe's syndrome.

Instead, he seems to have an isolated developmental problem that occurred during his earliest days of gestation. The first signs of the eye are present 23 days after conception; by 36 days the eyes are formed; by 56 days, "you have all your body parts," Dr. Flannery said. From that point on, it's a matter of growth. The National Institutes of Health's Human Genome Project—with a goal of identifying each of the body's 100,000 genes—has not yet yielded the information that lets Dr. Flannery completely rule out a genetic cause for Phillip's problem, but that information is likely a matter of time.

Faced with the urgency of halting the destruction, Dr. Brooks scheduled the intricate surgery in which he would attempt to create functional channels for the intraocular fluid to flow out of the eye, thereby lowering the pressure to normal. In the trabeculotomy, Dr. Brooks makes microscopic incisions into the tiny canal that collects aqueous fluid. "You have to use other landmarks and knowledge of the anatomy to even know where to look," he said. He cuts micron by micron, watching for the little gush of fluid that lets him know he's reached the canal. It's one of the few procedures ophthalmologists will perform on both eyes in one operation. "This is one of the few circumstances where we take that risk because untreated, it's going to crush the optic nerve. Every day is a risk," Dr. Brooks said. On the first attempt, he works on a relatively small area of each canal, hoping to restore fluid balance with minimal trauma and bleeding. Then he and the family wait and watch for results. "You presumably have succeeded in the technical part of your procedure if you feel that you have gotten into this canal and accomplished what you set out to do surgically. You have no idea if that is going to be successful functionally for the patient until several days or

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weeks have gone by."

The wait for Phillip's results was particularly difficult because his pressures remained elevated and the expected bleeding in the eye post-surgery took longer than anticipated to clear. "I was agonizing over whether or not to repeat the procedure," Dr. Brooks said. He consulted with other pediatric ophthalmologists in the country and with his Chairman, Dr. Malcolm N. Luxenberg, before resolving to sit tight.

As hoped, Phillip's pressures began to normalize and his corneas began to clear, only to reveal cataracts. Phillip's clouded lenses could not be blamed on the glaucoma, but instead must have been part of the severe developmental defect of his eyes, Dr. Brooks said. A second surgery was needed to remove the clouded lenses, but unlike adults who have their own lenses replaced with intraocular lenses, the mal-developed status of Phillip's eye prohibited this. Instead, glasses do the job for him.

"His eyes always will be at risk for more problems," Dr. Brooks said. Phillip's dependence on glasses or contact lenses is permanent and he is at a much higher risk than normal for retinal detachment and a recurrence of glaucoma. Until at least age 3, Phillip will see Dr. Brooks four times a year so he can watch for these and other problems and monitor Phillip's visual development.

As he approaches his first birthday, Phillip is going through a period of normal visual development. "He is able to see things. He reaches for toys. He looks at his mother's face. He sees me," Dr. Brooks said.

As she struggles to keep Phillip from squirming out of her lap, Lacy Grimes says she nicknamed her inquisitive son "the Boss" because "he's going to be the boss of my life." Her prayers for him are simple: that his sight can sustain him, that he won't need more surgery and that he will be healthy. ■

AlumNews

Dr. Tedesco Lauds Extraordinary Students

Christine Hurley Deriso

Despite a challenging and sometimes tumultuous year, the Medical College of Georgia's brightest star—its student body—is shining brighter than ever, according to MCG President Francis J. Tedesco.

"[MCG's] new buildings, the centers and institutes, the expanded educational offerings, the growing foundation—they all serve one purpose: to create a progressive, energetic and inspiring environment for the training and education of the health care professionals and research scientists who will lead us through the next century," Dr. Tedesco said Nov. 18 during his annual State of the University Address.

Today's MCG students are extraordinarily talented, Dr. Tedesco said, citing several indicators. For instance:

- Medical students ranked fifth of 32 southeastern medical schools in average overall Medical College Admissions Test scores, according to the 1998 edition of *How to Get Into Graduate School*. MCG ranked 34th of all 117 medical schools ranked, outperforming students at such prestigious schools as Dartmouth.
- The School of Medicine was ranked 13th of 125 medical schools nationwide in the number of medical students entering generalist residences.
- Predoctoral dental students ranked fifth in the nation on part II of the National Board Dental Examinations.
- In seven of eight allied health sciences disciplines requiring a certification/credentialing examination, graduates posted 100 percent pass rates.
- MCG offers five external-degree programs via distance-learning technology; this year, academic distance-education credit course hours with MCG as the originating site increased 115 percent.

As proud as he is of the student body, Dr. Tedesco said he is committed to increasing its diversity. "We've opened the door to frank dialogue concerning the decline of under-represented minorities in the Schools of Dentistry and Medicine," he said. "Considerable efforts are under way to understand the decline and reverse the trend."

MCG also has vigorously bolstered its efforts in other areas, he said—particularly enhanced research oversight in response to the alleged research misconduct of two former MCG faculty members.

Dr. Tedesco, who celebrates his 10th year as MCG President this year, noted the tremendous growth of the campus during his tenure. "Over the past 10 years," he said, "our facilities have greatly expanded and improved," enhancing MCG's missions of education, patient care and research. The Children's Medical Center, whose architectural firm of Stanley, Beaman, and Sears recently won a

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MCG President Francis J. Tedesco presents award to Dr. Charles H. Wray

2 Presented President's Awards

Christine Hurley Deriso

The Medical College of Georgia has presented 1997 President's Awards, honoring those whose contributions have significantly enhanced the university, to Dr. Charles H. Wray and George Weiss.

Dr. Wray, MCG Vice President for Clinical Activities Emeritus and Professor of Surgery Emeritus, graduated from the MCG School of Medicine in 1959 and joined the faculty in 1964 as an instructor in surgery. He has served as Acting Chairman of the Department of Surgery, Chief of Staff of MCG Hospital and Clinics, Vice Chairman of the Department of Surgery, Chief of the Section of General Surgery and twice as Interim Dean of the School of Medicine.

Dr. Wray is a lifetime member and past President of the Alumni Association of the MCG School of Medicine. He is a member of the Moretz Surgical Society, the Richmond County Medical Society and the Georgia Surgical Society. His wife, Betty, is a 1960 graduate of the MCG School of Medicine and Vice Chairman of Pediatrics, Section Chief of Allergy and Immunology and Professor of Pediatrics and Medicine at MCG.

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George Weiss (right) with Dr. James B. Osborne, MCG Vice President for University Advancement, shortly before Mr. Weiss's death

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They have four children and three grandchildren.

In presenting the award, MCG President Francis J. Tedesco called Dr. Wray "a visible model for all the best qualities an institution can wish from an alumnus."

Mr. Weiss, an Augusta businessman who died Dec. 17, was honored for his support of MCG. Before his death, he donated his company, Savannah Valley Broadcasting Company, to MCG. The company includes radio stations WBBQ and WZNY, Central Square Shopping Center on 15th Street in Augusta and Musicast of the South, a company that produces background music.

"His generous donation will provide a substantial enhancement of the important resources of [MCG Foundation, Inc.], which now total approximately $60 million," said Dr. James B. Osborne, MCG Vice President for University Advancement. The foundation is a non-profit organization that receives and administers charitable gifts to MCG.

"His gift to MCG is a perfect expression of his commitment to this community and to the citizens of Georgia and will provide another lasting legacy to a man who gave so much," Dr. Osborne said. ■

Homecoming Scheduled April 30–May 3

Homecoming 1998 at the Medical College of Georgia will be held Thursday, April 30, through Sunday, May 3. Please use the form included in this issue of *AlumNews* to make reservations for Homecoming events. Activities include:

Allied Health Sciences

- May 1, noon: School of Allied Health Sciences Alumni Association luncheon and presentation of Distinguished Alumnus Award. Old Medical College, $10 per person.
- May 1, time to be announced: Dental hygiene program. MCG Alumni Center, cost to be announced.
- May 2, time to be announced: Dental hygiene program. School of Dentistry building, cost to be announced.

Dentistry

- May 1, 8:30 a.m. to 5 p.m.: 20th annual Marvin Goldstein Lectureship featuring Roger P. Levin, D.D.S., M.B.A. Radisson Riverfront Hotel. Registration: 8 a.m. Luncheon: 12:15-1:15 p.m. Social hour: 6:30 p.m. Dinner: 7:30 p.m. (See information about related School of Dentistry Alumni Association dinner.) $80 for dentists (registration fee includes luncheon and dinner; this fee if before April 17); $100 (after April 17) / $70 auxiliary (registration fee includes luncheon and dinner; this fee if attending with dentist; if before April 17); $80 (after April 17) / $35 spouse (this fee for dinner only, if before April 17); $45 (after April 17).
- May 1, noon: School of Dentistry Alumni Association business meeting. Radisson Riverfront Hotel.
- May 1, 7:30 p.m.: School of Dentistry Alumni Association dinner and presentation of Distinguished Alumnus Award. Radisson Riverfront Hotel. Members of the 25th-year reunion classes (the two classes of 1973) will be recognized. $35 per person if before April 17; $45 per person after April 17. (Fee not applicable if you are registered for the Goldstein lectureship.)
- May 2, 6 p.m.: School of Dentistry classes of 1973 reunion. Radisson Riverfront Hotel, $25 per person.

Graduate Studies

- April 30, noon: School of Graduate Studies Alumni Association Board of Directors' business meeting. MCG Alumni Center.
- April 30, 4 p.m.: School of Graduate Studies Alumni Association Distinguished Alumnus Award presentation, lecture. School of Dentistry auditorium, room 1020.
- April 30, 5 p.m.: School of Graduate Studies Alumni Association reception. MCG Alumni Center.
- April 30, 6 p.m.: School of Graduate Studies Alumni Association/Graduate Student Research Day dinner. MCG Alumni Center. $10 for Graduate Studies alumni, faculty and guests. Students may pick up free tickets by April 23 at the Dean's office; each student may bring only one guest. At the door, students pay $10 per person.

Medicine

- May 1, 5-7 p.m.: School of Medicine Dean's reception. Old Medical College Solarium.
- May 1, 7 p.m.: Alumni Association of the School of Medicine annual banquet and presentation of Distinguished Alumnus Awards. Old Medical College Ballroom, $35 per person.
- May 2, 8:30 a.m.: MCG Foundation/medical alumni Joint Development Committee Meeting. MCG Alumni Center.
- May 2, 9:30 a.m.: Alumni Association of the School of Medicine Board of Directors' meeting. MCG Alumni Center.
- May 2, 6 p.m.: School of Medicine class reunions for the classes of 1948, 1953, 1958, 1963, 1968, 1973, 1978, 1983, 1988 and 1993. Also, a dinner will be held for alumni not having a class reunion. Radisson Riverfront Hotel, $40 per person.
- May 3, 10:30 a.m. Memorial service for School of Medicine alumni who passed away during the past year, hosted by the Alumni Association of the School of Medicine. Old Medical College Solarium.
- May 3, 11:30 a.m.: Emeritus Club luncheon for School of Medicine alumni who graduated 40 or more years ago. Old Medical College Ballroom, $20 per person.

Nursing

- May 1, 6:30 p.m.: School of Nursing Alumni Association dinner and program featuring presentation of Distinguished Alumnus Awards. Radisson Riverfront Hotel, $25 per person.

For All Alumni and Faculty

- May 1-2, 11 a.m. to midnight:

Hospitality suite at the Radisson Riverfront Hotel.

- May 1, 10 a.m.: Dedication and tours of MCG Children's Medical Center.
- May 1, 9 a.m. to 5 p.m.: Program for spouses: "Following Footprints is Fun," featuring information about tracing ancestors, presented by the Augusta Genealogical Society. Radisson Riverfront Hotel. Registration: 8:30 a.m. Lunch (on your own): noon - 1:15 p.m. $30 per person if before April 17 (includes a 90-page "how to" booklet, "Enjoying our Ancestors"); $40 per person after April 17.
- May 2, 11:30 a.m. to 2:30 p.m.: Student Government Association cookout and pool party. MCG Alumni Center.
- May 2, 11:45 a.m.: Nostalgia hour. MCG Alumni Center.
- May 2, 1 p.m.: MCG Foundation Board of Directors' meeting. Old Medical College.
- May 2, 3:30-5:30 p.m.: President's reception at the home of Dr. and Mrs. Francis J. Tedesco, 920 Milledge Road.
- May 2, 9:30 p.m.: Homecoming dance featuring the Dick Goodwin Big Band performing current hits, classic rock and beach music, specialty music and big-band numbers. Radisson Riverfront Hotel. Cash bar.

For more information, contact the Alumni Office at 1-800-869-1113 or (706) 721-4416. ■

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New Center for Sports Medicine building

...continued from page 17

national award for its design, will be dedicated this spring. "The CMC is truly unique and something of which we all can be proud," he said.

"And the growth continues. This year, we initiated the expansion of the Center for Sports Medicine and the construction of the vascular biology laboratories."

MCG also has recruited world-renowned faculty. And in the past 10 years, MCG's extramural support has increased by 83 percent; the MCG Foundation's assets have grown from around 7 million 10 years ago to more than $60 million. "A large portion of this endowment has been used to assist in the establishment of endowed chairs," he said. "We've added 13 additional endowed chairs valued at over $15 million. Endowment funds for three additional chairs were recently pledged by donors. This endowment will enhance MCG's continued success in these rapidly changing times.

"These are but a few of the advances in recent years that have equipped us to compete nationally for the highest-quality educators, researchers and clinicians."

And MCG's advances in health care have made national headlines. For instance, MCG recently determined that regular blood transfusions for children with sickle cell disease at high risk for stroke can reduce the stroke risk by 90 percent—findings so dramatic that the study was halted 16 months early with the results disseminated to physicians nationwide.

MCG also has forged unprecedented ground in telemedicine-related innovations, including the electronic house call, enabling chronically ill patients to receive health care from the comfort of their homes.

"Over the past 10 years, I feel that we have truly become Georgia's Health Sciences University—not simply in name, but in action and spirit," Dr. Tedesco said. "With the continued best effort of each one of us, the people of Georgia are assured of what they need, deserve and expect of the Medical College of Georgia—a premier academic medical center that effectively serves those who seek a career, those who seek knowledge and those who seek care." ■

Physician Assistant Follows Dream

Christine Hurley Deriso

Carbon Stewart has always been ambitious; as a kid, he dreamed of being a soldier, a policeman and a doctor.

He's come very close to making all those dreams come true, but the road to his destination was anything but smooth. Mr. Stewart, a Texas native and the oldest of six children, was 16 when his father became seriously ill. Suddenly, the family had no breadwinner. Without giving it a second thought, Mr. Stewart quit high school to fill the role. "Somebody had to do it," he said simply.

Three years later, he joined the U.S. Army, serving as a medic during the Vietnam War. He worked as a policeman briefly after the war, but his wartime experience cemented a long-simmering desire: he wanted to work in health care. By this time, he had a wife and three children, "so I couldn't see going to school as long as it would take to get a medical degree," he said. "But I knew that [being a physician assistant] would allow me to be involved in medicine at a significantly higher level than I'd been in previously."

He enrolled in the Medical College of Georgia's new physician assistant program, earning his degree in 1974 as one of the department's first graduates. "Rudyard Kipling wrote that the best reason for doing something is because you can't *not* do it," Mr. Stewart said. "That's why I went into PA."

He's never regretted the move. After graduating, he practiced in south Georgia in general and vascular surgery. Then he and his family moved to Augusta, where he was Chief of the Urodynamics Laboratory at Department of Veterans Affairs Medical Center for 16 years. "It's an interpretation of squiggly lines," he said with a smile about his work interpreting lab results related to lower urinary-tract function.

Today, he works at the VA in urology, assisting a urologist in all aspects of patient care, including clinical procedures and histories, outpatient care and surgical assistance. He also sees patients for follow-up visits, prescribes non-narcotic drugs when necessary and performs biopsies to test for prostate cancer.

"What I do has very broad overlap with a physician, but with limitations. If I have questions or problems, I go to the doctor," he said.

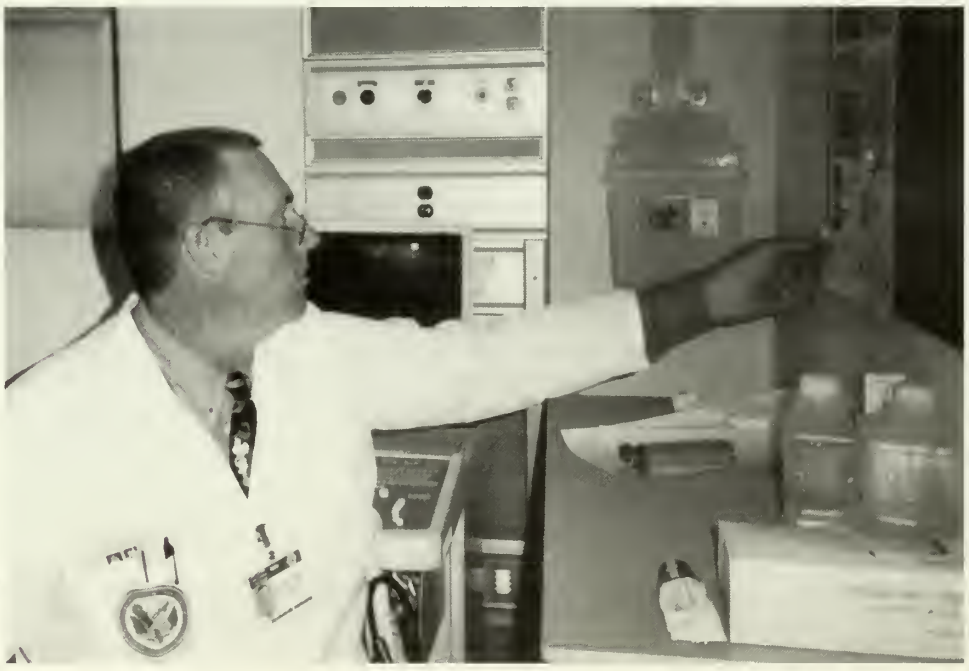
He's grateful that his career enables close relationships with his patients. "Most of my return patients ask for me by name," he said. "That's nice."

He also appreciates MCG for making his career possible, though he notes the field has changed significantly since he was in school. "The emphasis [in admission to the Department of Physician Assistant] has shifted more from experience to academic preparation," he said. Enrollment is extremely competitive and the coursework rigorous, he said, but he feels the payoff more than makes up for the hard work. "I wouldn't make any changes in my career," he said. "I've been happy being a PA. Certainly, some PAs do go on to medical school, but most of us are happy being PAs. I've been very happy with my career."

His children must have picked up on his satisfaction; they've uncannily followed in his footsteps. Two are in the nursing field and one is a criminal justice major.

Mr. Stewart was honored as Physician Assistant of the Year during MCG's celebration of Physician Assistant Day Oct. 6. ■

Carbon Stewart



Occupational Therapist Retains Sense of Fun

Susan Yarborough

Occupational therapist Nancy Moulin may not have learned everything she needed to know in kindergarten, but she was young when she learned that humor and creative thinking are key ingredients to working well with others. When she retired from the Medical College of Georgia in May 1997 after 25 years on the faculty of the Department of Occupational Therapy, she was still relying on fun and creativity to show another generation of occupational therapists how to help patients help themselves.

Ms. Moulin's preparation for occupational therapy began in the family business. Her father's variety store in the farming community of Story City, Iowa, had so many different kinds of merchandise that neighbors remarked, "If Moulin's doesn't have it, we prob-

ably don't need it."

When Ms. Moulin began clerking there at age 9, her first assignment—the toy counter— gave plenty of opportunities for developing her knack for a different and humorous approach.

"I was really good at selling toys," she said. "I learned how to play all the games and then I could tell parents and kids how to play them."

When her father bought a gross of red and white duck whistles, Ms. Moulin's sales strategy was simple.

"We stayed open late on Friday nights and the farmers would bring their wives and children to town to shop," she said. "So I sat behind the counter and blew on a duck whistle. Every kid that came in had to have one. We sold the whole lot in three hours. It was a noisy Friday night."

Ms. Moulin also was an early bloomer in choosing a career. She was a sixth-grader when she saw a TV spot about occupational therapists and decided to write for more information. The material she received must have been very convincing because almost everything she did after that applied to her future career.

She used her summers at YWCA camp as a training ground, moving from camper to counselor. By the time she finished college, she was assistant director for the camp, monitoring the programs for handicapped children.

Things did not always go smoothly, however. When she asked to take woodworking in high school because she would need it as an O.T., school officials took the very 1950s view that girls didn't do that. She took two home economics classes instead, although, like most girls in her community, she already knew how to cook and sew.

She finally learned woodworking as part of her coursework in occupational therapy at the University of Iowa, where she received her bachelor's degree in 1959.

In 1965, after five years—one as a staff therapist and four as department supervisor—at Ohio State University Hospital, Columbus, Ms. Moulin moved to Green Bay, Wis., as Director of the occupational therapy program at the Curative Workshop and Rehabilitation Center. For the next five years she worked to improve the center's community outreach programs and met members of the Green Bay Packers football team, who were regular visitors.

These experiences taught her that the secret to motivating patients was building therapy around their priorities.

"What's important to the patient is what they'll be interested in working with. If you think dressing is important, but a patient thinks toothbrushing is important, then you'd better work on toothbrushing," she said.

After earning a master's degree from Ohio State University in 1972, Ms. Moulin came to MCG at the invitation of Dr. Nancy Prendergast, Chairman of the MCG Department of Occupational Therapy.

When she arrived, Talmadge Hospital (now MCG Hospital and Clinics) had only two occupational therapists—a far cry from its heyday in the 1940s and 1950s when the hospital was a polio treatment center and the department had more than 30 rehabilitation specialists and aids. Her task was to design new patient programs and revive the department by educating the medical staff about the benefits of O.T.

Two years and many 12-hour days later, the hospital O.T. department was thriving, and Dr. Prendergast felt it was time to enlist Ms. Moulin's talents in full-time teaching.

The course lists said Ms. Moulin taught therapeutic media (ceramics, leather-working and woodworking), O.T. administration and research, but students got more than a lesson in how to run a table saw or write a case note. Her classes stressed experiential learning and creative problem-solving. And she wasn't afraid to use startling assignments to make a point.

Her students rode elevators facing backward to learn how people react when someone violates the unstated expectation that everyone on an elevator face front. She used this experience to help them understand how the physically disabled must cope with people's stereotyped notions of how others are supposed to behave.

Students were captivated by her dry wit and whimsical rhymes, like: "Well, I eat my peas with honey. I've done it all my life. It makes the peas taste funny, but it keeps them on my knife."

"I've always believed you can learn much more if you're enjoying yourself," Ms. Moulin said. "If you have a humorous line to hook a thought onto, it's easier to remember."

Former student Kathy Cammisa ('82), MCG Assistant Professor of Occupational Therapy, recalled, "Her classes were refreshing. Her humor made the often dull details of administration easier to deal with."

In addition to serving as O.T. field work coordinator from 1974 to 1987, Ms. Moulin also was acting department chairman from 1990 to 1992 and coordinated graduate and research programs for 12 years before she retired.

Her service extended far beyond clinic and classroom. She was President of the Georgia State Board of Occupational Therapy from 1977 to 1980, continuing as a board member until 1984. She served the American Occupational Therapy Association in numerous capacities, including Secretary of the Council on Practice. She also was Parliamentarian of the Council on Education and Chairman of the Membership and Publications Committees for the Georgia Occupational Therapy Association.

Her experience in these areas has been invaluable to her colleagues at MCG.

"The faculty really leaned on her wealth of knowledge about our profession," said Teru Creel, Associate Professor of Occupational Therapy. "She's like a walking encyclopedia for the field."

Retirement has not diminished Ms. Moulin's keen interest in improving education for her field. "More occupational therapists are working in work-hardening programs," she said. "Our students need to learn more about industry. We need to send them out to observe people on the job, so they'll know how workers actually do their work and how to prepare them to get back to that work after they're injured."

And she still finds areas of excitement and new opportunities for growth in the profession she chose so many years ago.

"If I were younger I'd be working with industry to meet the requirements of the Americans with Disabilities Act. Now, there's your creative problem-solving."

In recognition of her service to MCG and her profession, the University System of Georgia Board of Regents recently named Nancy Moulin Associate Professor Emeritus. ■

P.A. Chairman Has Passion for Art

Christine Hurley Deriso

If you've ever attended a workshop or seminar with Bonnie Dadig, you might have noticed something odd. Although she listens attentively to the speakers, she seldom looks up from her lap. That's where her drawing pad lays, and she's busy transforming a blank piece of paper into a tiger or baboon or hummingbird.

"You can listen and draw at the same time," she explains with a laugh.

Bonnie, Chairman of the Medical College of Georgia Department of Physician Assistant, has loved drawing and painting since childhood. These days, she squeezes her hobby into every

Bonnie Dadig with art work

spare minute. "With my schedule, I only have time to draw about once a week," she says. "But I always draw on trips."

She works mostly in watercolor, colored pencils and oil, but likes to read about new techniques and is currently interested in pastels. She and her husband also share a love of sculpting in clay.

In high school, she dreamed of making a living as an artist, but a teacher discouraged her. "He said career options were limited and that the fun of drawing gets lost in a commercial setting," she says. "He felt it was more fun as a hobby."

Bonnie's glad she took his advice. "I'm pleased with what I've done with my career, so I think Mr. Weatherbee pointed me in the right direction."

Still, she says her art classes spawned a lifelong passion. "I picked it up from school; we had art all through school. It's sad that a lot of schools have eliminated it. I think it helps round you as an individual."

Bonnie's inspiration comes from rather unlikely sources; for instance, she loves leafing through *Ranger Rick*, a wildlife magazine for children. She enjoys transforming the animal photography into paintings or drawings. One of her favorite pieces is an oil painting of a baboon named Dolly featured in *Ranger Rick*.

Although Bonnie recently met with the Augusta Art Exchange to discuss selling her work, money is definitely not her motivation. "I give my work away as gifts," she says, and her co-workers' art-filled offices attest to her generosity.

Art also is a stress-reliever, she says. In addition to her teaching and administrative work as a department Chairman, Bonnie works as a physician assistant one day a week in MCG's Family Medicine Department and recently earned her doctorate from the University of Georgia. Art, she says, is a welcome diversion from her hectic schedule.

It takes her as little as two hours to finish a piece, so by the time the average seminar speaker winds up his lecture, Bonnie often has something to add to her portfolio. "It's a great conversation starter," she notes. ■

Student's Asthma Research Honored

Christine Hurley Deriso

Christina L. McGee, a senior in the Medical College of Georgia Department of Respiratory Therapy, has won a national award for her research into exercise-induced asthma.

The American Respiratory Care Foundation's Morton B. Duggan Jr. Memorial Education Recognition Award includes a $1,000 scholarship and all-expenses-paid trip to an awards ceremony.

Ms. McGee, an Augusta resident, was President of the Department of Respiratory Therapy's junior class and has been on the Dean's List throughout her MCG education. She has volunteered for MCG Hospital and Clinics, the MCG School of Allied Health Sciences Alumni Association, MCG's Teddy Bear Clinic and Augusta's Rape Crisis Center.

Ms. McGee, who has baccalaureate degrees in psychology and biology, worked as a dental laboratory technician before enrolling in MCG.

"Ms. McGee is a mature, intelligent, motivated, caring and dedicated individual," Shelley Mishoe, Chairman of the Department of Respiratory Therapy, wrote in her letter nominating Ms. McGee for the award. "[Her] accomplishments and activities speak well of her drive, determination and effectiveness in any task she performs."

Ms. McGee's research explored causes, treatment and prevention of exercise-induced asthma. She discussed the importance of screening schoolchildren for the condition by measuring respiratory function after exercise. "Early detection of exercise-induced asthma, by screening, can help to start treatment and education programs sooner and improve quality of life," she wrote in her research paper. ■

Health Information Management Grad Makes Home at MCG

With retirement from the U.S. Army right around the corner, James Condon realized six years ago he had few work skills outside the military. Today he has a new home at the Medical College of Georgia in health information management. Fate, Mr. Condon says, is how he ended up at MCG. "I just happened to be in the right place at the right time."

Mr. Condon arrived at Fort Gordon, Ga., in 1992 to serve his last four years in the U.S. Army as supervisor of an Army technical school. With only a couple of years before retirement, he decided to develop skills that would be useful in civilian life.

Mr. Condon came across an MCG "A Closer Look" pamphlet, designed for potential students. After visiting the campus, he decided to enroll in MCG's health information management program.

"I chose health information management because I wanted to be able to use the management

...continued on page 35

School Celebrates 25th Anniversary of 1st Graduating Class

Christine Hurley Deriso

As the Medical College of Georgia School of Dentistry celebrates the 25th anniversary of its first graduating class this spring, Dean David R. Myers notes that countless changes have unfolded since those first diplomas were handed out.

"There's been almost a total change of faculty, and both the profession and dental education have changed dramatically," said Dr. Myers, Dean since 1989. He joined MCG as a junior faculty member in 1970, three years before the first class graduated. The fledgling school had few resources at the time, he noted.

"We didn't move into the School of Dentistry Building until the first class was well into its curriculum," he said. "We had classes all over the place."

"It was an extremely busy and exciting series of events," said Dr. Thomas R. Dirksen, a School of Dentistry faculty member since 1967. "The school developed very early, with [founding School of Dentistry Dean Judson Hickey's] leadership, a national reputation of excellence.

"We spent a lot of time recruiting faculty," Dr. Dirksen recalled. "There were times we went to two or three recruiting parties a week."

Recruiting students was less of a problem. "For the first School of Dentistry class, we had more than 600 applicants for 24 spots," Dr. Dirksen said. "I would say at least half of those were very competitive applicants. We looked for good grades and outside activities demonstrating an interest in humanity."

The Admissions Committee looks for those same qualities today, but today's students are taught in a vastly different way than their predecessors were. "Pre-clinical teaching has changed totally," Dr. Myers said. "We have a new lab and lots of new technology and material. Twenty-five years ago, students bought their own instruments and did their own sterilization. Now, the school owns the instruments and we have centralized sterilization. Patient records are managed by the institution. In the beginning, we had nothing electronic; computers weren't around."

Dr. Douglas P. Clepper, an Augusta dentist and member of the school's first graduating class, remembers that his alma mater was never afraid to take chances. "One thing I appreciate about MCG is that some of the things we did were fairly experimental," he said. "We were encouraged to challenge the faculty and think. Most dental schools at the time were fairly authoritarian."

And the school wasted no time in introducing its students to patients. "We worked on patients after the first week in dental school," Dr. Clepper said. "The school took a lot of chances; I give it credit for that. It's a very, very good dental school. It always has been and it still is."

Many dental techniques common by today's standards either didn't exist or were in their infancy a generation ago, Dr. Myers said. "There's been a big, big improvement in aesthetic materials, aesthetic techniques and bonding techniques," he said. "That technology had little clinical application 25 years ago. Now, it's routine."

Another big change: Today's dental students are much more representative of Georgia's diverse population. "There was only one female student in the school 25 years ago," Dr. Myers said. "Now, about 35 percent of the class is female. All of our students are Georgia residents, but they're very diverse."

But one thing that hasn't changed is the school's commitment to excellence, he said. "Admission to dental school is still very competitive," Dr. Myers said. "Right now, we have a very strong applicant pool. We've got good students. They've demonstrated high achievement." ■

Augusta Dentist Keeps a Full Plate

Christine Hurley Deriso

Dr. Michael Vernon has lots of interests outside of his field, but somehow he's managed to incorporate all of them into dentistry.

Take inventing, for example. "My father was a handyman, and I enjoy doing things myself. If something doesn't work, I dive in and try to fix it. I think a little bit of that comes in handy in dentistry,"

Dr. Michael Vernon with bracket he invented

says Dr. Vernon, a 1977 graduate of the Medical College of Georgia School of Dentistry.

For instance, during the course of his general dentistry practice in Augusta, Dr. Vernon found himself wanting an easy and convenient way to dispose of contaminated waste, such as disposable gloves. Plastic bags like those used to wrap sandwiches were the perfect size for his needs, so he invented a bracket to hold the bag open. When the bag is full, he slips it off the bracket, seals it, disposes of it and slips on a new bag. He's obtained a patent for the product and wants to market it.

But he'll have to squeeze that project into his spare time, and Dr. Vernon never has much of that. He and his partner serve about 2,000 families in their west Augusta office. Both the office and Dr. Vernon's home are currently being renovated, and despite his full schedule, he can't resist throwing himself into the projects. For instance, he just completed a flooring job. "It just seemed so easy to put down, I couldn't stand not doing it myself," he explains.

When he isn't practicing dentistry, inventing products or laying flooring, he's involved in his community and organized dentistry. Dr. Vernon is President of the Martinez-Evans Rotary Club and Vice President of the Eastern District Dental Society, commitments that helped him win the 1997 Honorable Fellow Award from the Georgia Dental Association. "I've always thought it was an enjoyable obligation to do what's necessary to make the profession better," he said of his involvement with organized dentistry. "I think we need a dental society to help us pay attention to what's happening [in the field]."

And that field is his top priority, not counting his family. Dr. Vernon always wanted to be in the medical field, and during undergraduate school at the University of Georgia, he narrowed down his choice to dentistry. While at UGA, he worked part time at St. Mary's Hospital in Athens, Ga., and his work with an oral surgeon convinced him to follow in his footsteps. "But once I got into dental school, I enjoyed the variety so much, I decided I didn't want to limit myself to oral surgery," he says.

Today, his practice consists of all kinds of dentistry practiced on all kinds of people. "My emphasis has always been what's best for the patient, not what's best for the dentist. If you take care of the people you serve, I think you'll be taken care of," he says.

He's gratified that dentistry has become much more prevention-oriented than in the past. "I've got more and more patients who have never had restoration work—just sealants and preventive work," Dr. Vernon says.

And refinements in the field have made dental visits more pleasant than ever. "Usually, the first time we see a child, we can make it a fun appointment," he says. "Parents say, 'I can't believe it! He likes to go to the dentist!'"

He says he would gladly recommend the field to any of his three children. "It's nice to do something you enjoy and people will pay you for it," he says. ■

Longtime Friend to Dental School Dies at Age 80

Christine Hurley Deriso

Dr. Marvin C. Goldstein, 80, an Atlanta orthodontist and longtime supporter of the Medical College of Georgia School of Dentistry, died Nov. 22 at his Buckhead residence of heart failure.

Dr. Goldstein, who earned his dental degree from Emory University in 1938, initiated the Marvin Goldstein Lectureship at the MCG School of Dentistry in 1978, annually sponsoring an internationally known dental clinician's visit to the school. MCG recently partially endowed a professorship in orthodontics in Dr. Goldstein's name.

"He was always very interested in the School of Dentistry and contributed to our school in several different ways. We'll certainly miss him," said MCG School of Dentistry Dean David Myers.

Dr. Goldstein, whose parents came to the United States in 1900 to escape Russian anti-Semitism, served in Europe in the Army Air Corps during World War II, then started his dental clinic on West Peachtree Street. The clinic was integrated from the day it opened, reflecting Dr. Goldstein's lifelong commitment to civil rights. He volunteered with UNICEF and for 50 years volunteered at a free dental clinic in Atlanta operated through the United Way. He helped found Israel's first modern dental school through Hebrew University. Dr. Goldstein pioneered orthodontia for adults, helping change the idea that braces were only for children.

In 1964, Dr. Goldstein opened the American Hotel in Atlanta, the city's first integrated hotel. In the weeks before it opened, the Rev. Martin Luther King Jr. held civil rights strategy meetings there. In 1966, after hesitating because of the city's segregated accommodations, the Milwaukee Braves agreed to move to Atlanta because visiting teams could stay at Dr. Goldstein's hotel. Dr. Goldstein also owned the Georgian Terrace Hotel, which he worked to have preserved as a historic landmark, and the former Peachtree Manor Hotel.

Dr. Goldstein was Vice President of Atlanta's King Center's executive board and was included as an outstanding Georgian on Coca-Cola's Centennial Olympic Wall. Survivors include wife Rita Atlas Goldstein; sons Armand, Andrew and Adam; daughters Aleta Ellin Goldstein and Anne Strickland; and 10 grandchildren. ■

Dr. Clepper Publishes Book on Implants

Christine Hurley Deriso

Dr. Douglas P. Clepper's project started with the most modest of goals. As an expert on dental implants, he simply wanted to produce a handout to accompany his seminars on the topic.

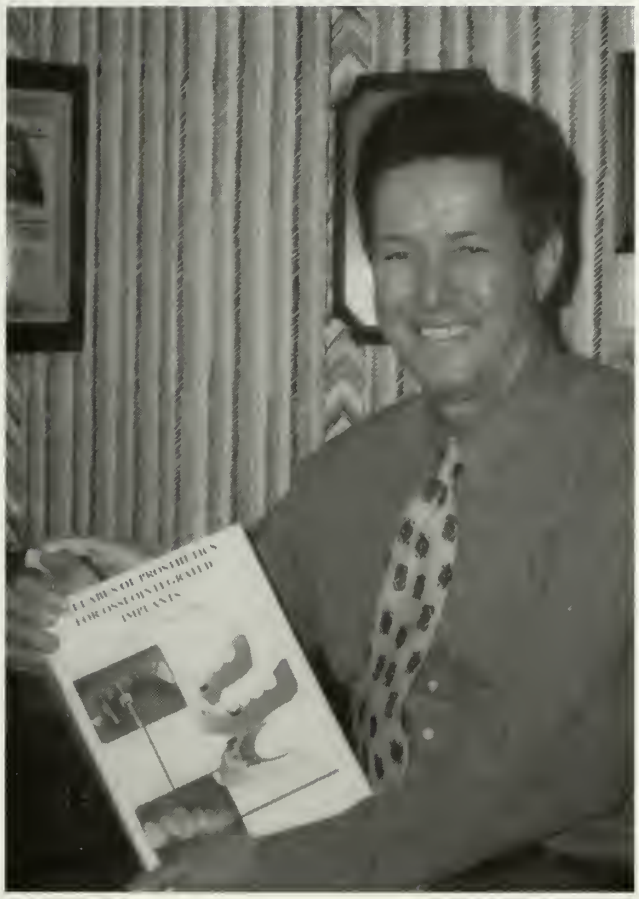
"It started off as a three-ring binder project," said Dr. Clepper, an Augusta dentist and member of the Medical College of Georgia School of Dentistry's first graduating class (1973). "It was going to be very simple—mostly text and a few line drawings. [The concept] went from a binder to a much more complex project. That's really how it turned out the way it did. I never sat down and said, 'I'm going to write a 700-page textbook.'"

Yet that's exactly what Dr. Clepper did. *Syllabus of Prosthetics for Osseointegrated Implants,* a full-color, richly illustrated, 19-chapter, hard-cover, self-published book, was printed this fall. Due to demand, Dr. Clepper recently ordered a second printing.

The book's audience consists largely of general dentists. "No practice is strictly implants," he said. "Most implants are done by general dentists like myself. It's not a specialty; it's something I have a special interest in."

Implants are placed into the bone under the gum, enabling the attachment of an abutment later, then a removable denture or fixed teeth. Bone grows to the implant within about three months. "The function is far, far better than conventional dentures. Teeth attached to implants are very secure and feel a whole lot better."

He has a dental lab in his office staffed by six full-time technicians to make the teeth, and his techniques are detailed extensively in his book. "We do implant cases



Dr. Douglas P. Clepper with copy of his book

from all over the country," he said. "To me, the most important part of the process is the prosthetic phase. We built the lab slowly over the years. It allows me to fix problems very quickly on site. We fabricate the most complex cases right here."

Dr. Clepper added implants to his practice in the late 1970s. "There were very few courses; we learned by visiting dentists who did implants," he said.

Osseointegration research in the early 1980s gave implant dentistry an essential boost. "Before that, our results were somewhat empirical," Dr. Clepper said. "We no longer wonder whether they work. They do. That's been proven."

As the research and technology grew, Dr. Clepper began giving two-day implant courses in his office in 1985. "About 1,500 dentists came for the courses," he recalled. He knew he was on to something. He began producing videos on the topic, then decided to supplement his seminars with his "three-ring binder." He hired three medical illustrators, who did all their work on a computer. Dr. Clepper began churning out the text, often spurred on by his illustrators' quick pace.

"The thing that's really thrown me for a loop has been marketing the book," he said. "That's been a real challenge. If there's a second edition, it will probably be published by a full-service publisher. I would see myself as an editor."

Despite his aversion to marketing, the book has sold briskly; for instance, he recently mailed 13 copies to New York University's graduate program in prosthodontics.

For more information or to buy a copy of the book, call Dr. Clepper's office at (706) 738-8070. ■

Elective Opens Students' Eyes About Substance Abuse

Christine Hurley Deriso

When Dr. Thomas Dirksen takes groups of Medical College of Georgia dental students to Atlanta for three-day trips, the outings look for all the world like dental conventions. The students talk, laugh, socialize and interact with health professionals, discussing career-related challenges and stresses. The professionals are eager mentors, happy to share their experiences with the students.

But the setting isn't a hotel convention center; it's Talbott Recovery Center, a facility for recovering substance abusers. The professionals the students are mingling with and learning from are recovering from alcoholism or drug abuse.

Dr. Jerome Gropper, Chief Operations Officer at Talbott, and Dr. Dirksen, Associate Dean for Research and Continuing Education in the MCG School of Dentistry, developed the elective course last summer, hoping that three days of living with recovering health care professionals in a treatment center would enlighten students about their struggle and help keep them from making the same mistake.

"Dentists are a high-risk population (for substance abuse)," said Dr. Dirksen, who has arranged for three small groups of juniors and seniors to visit the recovery center. Two more groups are scheduled to make the trip soon. "Dentists are knowledgeable about drugs and have ready access to them, they generally work in isolation and the job is stressful. You combine those factors and you have a risk for substance abuse. We want dental students to recognize the signs of addiction and the hazards they face."

Dr. Gropper is particularly attuned to those hazards; he himself has struggled with addiction and depression. "I have always felt that helping others avoid some of these struggles would, in a self-centered way, give added meaning to my life," he said.

"I got a lot of insight into the problem," said James Cauley, a junior in the MCG School of Dentistry who participated in the class. "I saw how easily addiction can become a problem. It made me realize these people aren't so different from me and that a couple of bad decisions can lead to such devastation. It was more than worthwhile. I really can't speak highly enough about it."

Don Hudson, a junior dental student and class participant, agrees. "It was a very interesting experience. It helped me get a better understanding of the mechanisms behind addiction," he said.

Preventing substance abuse is important not only for the dental students, but for the patients they will eventually treat. "Addicted dentists eventually become a great risk to their patients," Dr. Dirksen said.

Participating students arrive at Talbott on a Sunday evening, greeted by Dr. Gropper and meeting the patients, many of whom are health professionals. They stay on campus and join the patients for meals, social activities, 12-step meetings and other group meetings. "The first time I brought a group, I went with some degree of anxiety," Dr. Dirksen said. "I wondered, 'Will they accept the students and me?'"

His concern, he discovered, was unfounded. "It was just like being at a dental meeting. The only difference was there wasn't a happy hour," he said with a laugh. "I heard over and over again, 'I'm so glad the students are here. I wish I'd had this opportunity when I was in dental school.' We were totally, 100 percent accepted with open hearts."

The patients, he said, were eager to help students avoid their mistakes. And they were com-

pletely forthcoming. "I heard fear expressed," Dr. Dirksen said. "I heard, 'We are a unique group of success-oriented over-achievers. We push it; we try to do our best. We have a problem and we have great fear.' They have the pressures of dealing with their patients and staff, and they're scared they can't do their best job."

The patients also taught the MCG students that, once addicted, the only effective course is total abstinence. "Some thought they could take one beer or one pill and still function," Dr. Dirksen said. "They learned they couldn't."

The students "really had their eyes opened," Dr. Dirksen said. "One said, 'I realize how close I might have come, and that was frightening.' And even if the worst happened and they did develop a problem, at least they would know where to turn for help." ■

School of Dentistry Alumni Association Calendar

April 16-17 Student Appreciation Days

April 18 Tentative luncheon at Tri-District meeting in St. Simons, Ga.

April 30-May 3 MCG Homecoming, featuring reunion of the school's first graduating classes (classes of 1973). All faculty and former faculty invited.

May 13 Lunch and Learn for MCG dental students

June 6 Hooding ceremony, commencement

June 10 Board of Directors meeting, MCG Alumni Center, noon

June 20 School of Dentistry Alumni Association membership mailing ■

Reunion Scheduled May 2

A reunion for the School of Dentistry class of 1973 will be held during Homecoming 1998 on May 2 at 6 p.m. at the Radisson Riverfront Hotel. The cost is $25 per person. Current and former faculty members also are invited. See page 18 for more Homecoming information. ■

School of Dentistry Alumni Association Lifetime Members as of Winter 1998

Dr. Ronald M. Adams
Dr. Randan L. Ashmore
Dr. Jack A. Bell Jr.
Dr. Lee A. Bell Sr.
Dr. Donald B. Benton Jr.
Dr. Elizabeth A. Bernhard
Dr. Robert H. Carpenter Jr.
Dr. Jeffrey C. Carstens
Dr. Sammy A. Caves
Dr. Darryl A. Chapman Sr.
Dr. Douglas P. Clepper
Dr. J. Ben Deal
Dr. James M. Deckman
Dr. David J. Dickey
Dr. Jennifer Diversi
Dr. Melvin E. Geer
Dr. C. Thomas Graham
Dr. Edward J. Green
Dr. James E. Haddad Jr.
Dr. Isaac S. Hadley
Dr. David R. Harman
Dr. Van B. Haywood
Dr. Robert D. Hester
Dr. Bruce A. Hester
Dr. Melody J. Higginbotham
Dr. Isaac F. Holton Jr.
Dr John E. Horvath
Dr. Charles C. King Sr.
Dr. Philip E. Koch
Dr. Victor A. Koehler
Dr. Paul J. La Sala
Dr. Edwin L. Lamb
Dr. Dave C. Lee
Dr. Gary A. Lewis
Dr. Thomas R. McDonald
Dr. Dwight McLaurin
Dr. Matthew McRae Jr.
Dr. Phillip H. Miller
Dr. Edward H. Mohme II
Dr. William B. Nipper Jr.
Dr. Norris L. O'Dell
Dr. David A. Owings
Dr. Fred A. Padgelek
Dr. Donald J. Payne
Dr. David W. Perry
Dr. R. Steven Powell Sr.
Dr. Michael T. Rainwater
Dr. Ralph G. Reese
Dr. Thomas V. Riggins
Dr. Charles A. Ross
Dr. Patricia D. Salter
Dr. Stanley D. Satterfield
Dr. Robert W. Sims
Dr. Wayne T. Tadsen
Dr. Steven P. Teaver Sr.
Dr. T. Barrett Trotter
Dr. John W. Vollenweider ■

Happy 25th Anniversary to the first graduates of the Medical College of Georgia School of Dentistry

Student Honored by Nurse Anesthetist Association

Christine Hurley Deriso

Gerri Secor, a 1997 graduate of the Medical College of Georgia School of Graduate Studies, has been named Outstanding Nurse Anesthetist Student of the Year by the Georgia Association of Nurse Anesthetists.

Ms. Secor graduated in December as one of the first six graduates of MCG's nurse anesthetist program, implemented in fall 1995. She was nominated for the award by Augusta nurse anesthetists Lee and Cathy Winger. Ms. Secor worked with the Wingers during a rotation at Augusta's Department of Veterans Affairs Medical Center.

Ms. Secor earned her bachelor's degree in nursing from Mid-America Nazarene College in Oletha, Kansas, and has nursed in hospital operating rooms and recovery rooms for more than 20 years.

"Being a nurse anesthetist is something I've wanted for a long time," Ms. Secor said. "I've worked with them for years and I like what they do. You get to take care of patients one at a time, one on one. I waited until my kids were on their own, because it's a huge commitment."

MCG's nurse anesthetist program, she said, "has really prepared me well to go out and practice. It's been very challenging and very intense. When I started the program, it lasted 27 months, and it's already grown to 28 months."

Ms. Secor had a 3.7 grade point average at MCG and attributes her success in the program to "good study habits and good time management. I think being able to manage your time well is also very important in anesthesia," she said.

She also feels her extensive nursing background enhanced her MCG experience. "I think there a lot of advantages to my background and experience," she said. "Much of what I've seen in school I also saw in my career."

Ms. Secor and her husband have two sons. ■

MCG Department of Medical Illustration Associate Professor David Mascaro (from left) unveils portrait he painted of Dr. Sam Singal (third from left), Dean of the School of Graduate Studies from 1974 to 1984. The portrait, commissioned by the MCG School of Graduate Studies Alumni Association, was unveiled Dec. 3 by Mr. Mascaro, MCG President Francis J. Tedesco and Schools of Medicine and Graduate Studies Dean Darrell Kirch. The association is commissioning portraits of all of the school's former Deans. The portrait will hang in the Dean's Office.

Alum's Artwork Receives Awards

Bradley Sullivan, a 1997 graduate of the Medical College of Georgia Medical Illustration Graduate Program, received two awards recently in a national competition for artwork he created at MCG.

Mr. Sullivan won first place in student medical color and the Orville A. Parkes Award (best of show in student illustration categories) at the 52nd annual meeting of the Association of Medical Illustrators in Baltimore. His award-winning illustration was titled "Anterior Displacement of the Articular Disk of the Temporomandibular Joint."

Mr. Sullivan is a medical illustrator/animator for Eisenhower Army Medical Center's Center for Total Access. ■

Mouse Model Developed to Study Blinding Disease

Toni Baker

A mouse model that mimics the slow destruction of vision called retinitis pigmentosa has been developed by a researcher at the Medical College of Georgia.

Dr. Gregory I. Liou, molecular biologist in the MCG Department of Ophthalmology, genetically altered the mice to induce the incurable, blinding disease that affects one of 4,000 Americans.

The disease causes a gradual reduction of photoreceptor cells—those that take in light and initiate the cascade of cell communication that results in sight—and destruc-

tion of cell membranes. The result is a loss of night vision, followed by decreased peripheral vision and, potentially, total blindness. Symptoms can begin in one's 20s or years later.

Dr. Liou hopes his model will shed light on how the disease occurs in humans and enable development of gene therapy for its treatment and potential cure.

Retinitis pigmentosa is the name of a group of diseases affecting the photoreceptor cells, the main cell layer in the retina that absorbs light and turns it into an electrical impulse that the optic nerve transmits to the brain. When rhodopsin, a protein found only in the photoreceptor cells, absorbs light, resulting signals are transmitted by the optic nerve to the brain, enabling vision.

Photoreceptor cells are altered by this light absorption, bleached of their red color and relieved of vitamin A. "Rhodopsin becomes dysfunctional at that stage," Dr. Liou said. "It takes rhodopsin with that particular structure of vitamin A to be ready to capture the photon and to give rise to the cascade impulse. If you don't regenerate rhodopsin, you will be blind."

Dr. Liou was among the first to understand how the regeneration occurs. He realized a substance called interphotoreceptor retinoid binding protein—dubbed "irrelevant binding protein" because it didn't seem to have a purpose—works much like a taxicab, picking up the vitamin A when it's released, taking it to the dark pigmented area behind the retina where it's chemically altered, then delivering it back to restore the rhodopsin to a ready state.

By creating a defect in the IRBP gene, the mechanism for rhodopsin recovery is lost, he said, and that's what he's replicated in the mouse model.

"Rhodopsin is like all other proteins. Its unique structure provides some kind of important skeleton for the photoreceptor to be there and in good shape so maximum photons can be captured and you can get the best light image," Dr. Liou said. "If you have a gene mutation in rhodopsin, you may be healthy in all your other functions, but you'll be blind."

To make matters worse, when vitamin A is released without a carrier, it destroys cell membranes, Dr. Liou said. Excessive vitamin A levels may also be responsible for the accompanying death of photoreceptor cells that occurs in retinitis pigmentosa; Dr. Liou is studying whether the excess may be viewed as an aberrant signal that triggers cell suicide or apoptosis.

"Vitamin A is very toxic because it can easily mix with cell membranes, and we think that's exactly what happened here," he said of the genetically altered models raised in normal cycles of light and dark without the taxicabs to transport vitamin A. To further prove the point, he wants to see what happens when his mouse model is left in total darkness; if light doesn't hit the retina and bleach the cells, vitamin A shouldn't be released to damage the eye.

"We believe that if this mutation occurs in anybody, this disease occurs," Dr. Liou said, pointing out that retinitis pigmentosa also may result from different mutations of the same IRBP gene or mutations in potentially hundreds of other genes.

"The next thing is how to help these people. Can we tell Mr. A, 'Since you have no taxicab, until we develop gene therapy to treat this disease, the best way to help yourself is to stay in the dark or wear sunglasses?'" Ophthalmologists often advise patients with retinitis pigmentosa to wear sunglasses because they know it reduces the rate of destruction, although the reason has not been clear. Dr. Liou's animal model is providing answers.

He plans to develop a model for gene therapy. "I want to develop a technique where the healthy genes are injected into the spot where they can be properly taken up by the sick cells and the gene that has the defect will be replaced," he said.

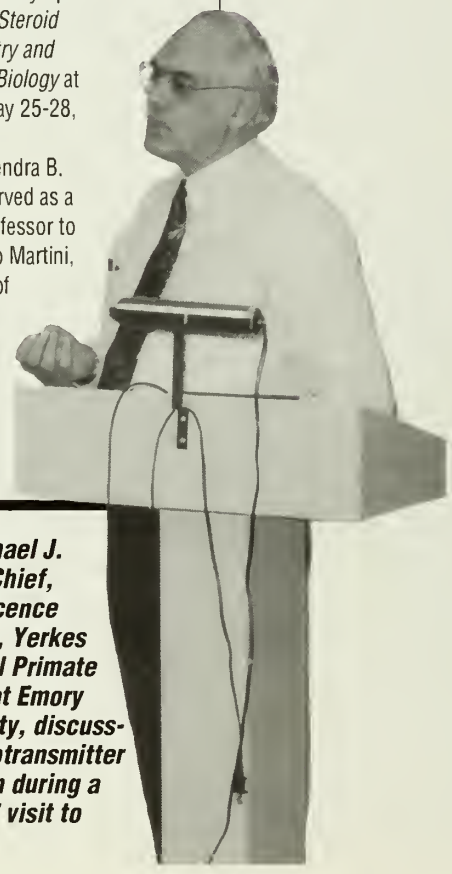
Dr. Liou's work is funded by the National Institutes of Health and Research to Prevent Blindness. ■

Highlights in the School of Graduate Studies

Drs. Virendra B. Mahesh and Lawrence B. Hendry presented an invited symposium talk titled "Design of Drugs with Endocrine Activity in the Steroid/Thyroid Superfamily Using Pharmacophores (Three Dimensional Blueprints) Based on Computer Modeling of Cavities Formed at the Interface of Receptors and Unwound Hormone Response Elements" at the 13th International Symposium of the *Journal of Steroid Biochemistry and Molecular Biology* at Monaco May 25-28, 1997.

Dr. Virendra B. Mahesh served as a visiting professor to Dr. Luciano Martini, Professor of Endocrinology, Universita Di Milano, Milano, and presented an invited lecture titled "Neuroendocrine Mechanisms Underlying the Control of Gonadotropin Secretion by Steroids" at the XVIII International Study Group of Steroid Hormones in Rome Nov. 29 to Dec. 2, 1997. Dr. Darrell W. Brann in the Department of Physiology and Endocrinology was a co-author.

Dr. Darrell W. Brann in the Department of Physiology and Endocrinology was Vice Chairman of a Gordon Conference on "Excitatory Amino Acids and Brain Function" at Plymouth State College in New Hampshire June 29 to July 4, 1997. Dr. Brann has been elected Chairman of the next Gordon Conference on the subject, scheduled for June 1999 at Plymouth State College. ■



Dr. Michael J. Kuhar, Chief, Neurosicence Division, Yerkes Regional Primate Center at Emory University, discusses neurotransmitter research during a Sept. 17 visit to MCG.

Dean Details School's Challenges

Toni Baker

The faculty of the Medical College of Georgia School of Medicine is doing more with less, facing the challenges of decreasing reimbursement, increasing paperwork, shifting patient populations and the changing educational needs of future physicians.

"Even though there are fewer of us, we are accomplishing more than ever in key areas of teaching, research and clinical service," Dr. Darrell G. Kirch, Dean, said Oct. 28 in his State of the School address. "The entire faculty is an exceptionally productive team working harder than ever in the trenches."

These times should be a source of pride, but also threaten burnout and demoralization of the university's faculty, its key resource, the Dean said in his address titled "Fact, Fiction, and Hope."

"In the short term, we need more than ever to support each other. In the long term, we need to develop a new vision for our school that allows us to focus our priorities and more wisely use our increasingly limited faculty resources."

Full-time faculty numbers climbed from 384 in 1980 to 495 in 1994, but have decreased over the last several years to 477. Yet in the last three years, faculty publications have increased and sponsored support has grown by nearly $6 million.

These dynamics have taken place amid many other changes related to finances and responsibilities, creating a challenging environment for the medical school. The School of Medicine budget has grown from $35 million in 1980 to nearly $157 million. "While on the surface this growth appears very positive, a closer look at the sources of this budget reveals a fact that we ignore at our peril," Dr. Kirch said.

In 1980, the state funded about 40 percent of the school's budget; today that figure is closer to 30 percent, making the school "more dependent than ever on the health of our two primary clinical allies...MCG Hospital and Clinics and our Physicians Practice Group," he said. And the relationship doesn't stop with finances; patients are key to the school's academic mission, and changing patterns of health care have resulted in a decrease in inpatients and a shift toward outpatient care at MCG Hospital and all affiliated teaching sites. "While we have succeeded in moving patients from the ward to the clinic, it is not at all easy to shift our teaching to outpatient settings," he said. "The need to effectively realign our clinical teaching into the ambulatory practices of full-time, part-time and community-based faculty may be one of the greatest challenges we face."

But, amid all the challenges, this year's freshman class averaged record-high grades and Medical College Admission Test scores. And although the class is well-represented by women and minorities, the number of African Americans is insufficient, Dr. Kirch said. He is gravely concerned that over the last two decades, the percentage of African American students in the school has never exceeded 7 percent and this year is at the lowest level of 4 percent.

"If we do not succeed in changing this situation, we are failing to fulfill a key principle of our institutional mission statement and failing to fulfill a key criterion of our accreditation," Dr. Kirch said. "But something worse than failing to meet an accreditation criterion is failing to meet a professional moral obligation. It is impossible for me to visualize a profession that can comprehensively serve the whole community if those entering the profession are consistently drawn from only part of that community."

More than 27 percent of Georgia's population is African American, and the areas of the state most medically underserved have the highest African American populations, he said. Experience shows that minority physicians are more likely than whites to practice in underserved areas.

"I submit that the issue of diversity, and our ongoing failure to achieve it, may represent our greatest challenge, both at MCG and as a profession," he said. The school is developing explicit diversity criteria for the admissions bulletin and admissions decisions, a statement that will soon be presented to the School of Medicine Faculty Senate for ratification.

However, changes in the School of Medicine's admissions policy alone will not correct the situation, the Dean said. The pool of medical school applicants must proportionately reflect the minority community and it does not, he said. Many underrepresented minority students come to the application process seriously disadvantaged by their previous educational experience and a profound lack of mentorship, he said.

"If our goal is to create diversity and also maintain academic excellence for those entering our profession, the real solutions lie upstream, in our colleges, high

School of Medicine Dean Darrell Kirch delivers State of the School Address

school, all the way up the educational pipeline," he said. "What we need now is the willingness of our partners in the colleges and school systems to work with us to create a health professions pipeline that works effectively to produce highly qualified minority and majority students alike." ■

Country Doctor Triumphs Over Blindness

Christine Hurley Deriso

Dr. Jesse Parrott has overcome many obstacles in his life, but he came close to admitting defeat when he lost his vision. How can a blind person practice medicine?

Dr. Parrott, a 1944 graduate of the Medical College of Georgia School of Medicine, had practiced family medicine in the tiny south Georgia town of Hahira for about 40 years when a macular hemorrhage robbed him of the central vision in one eye. He continued his work; but when a hemorrhage struck his second eye seven years later, rendering him legally blind, he figured his career was over. His depression was almost overwhelming. Who was he, if not a country doctor? True, his career kept him busy, often around the clock, but he was imminently fulfilled.

"He was a good old country doctor," said his wife of 42 years, Nancy. "He did everything. I've seen him get up and deliver babies not once during the night, but three or four times, then go do surgery, then head for the office for the day. He became a member of [his patients'] family; he knew Grandma and Grandpa and Cousin Susie and Uncle Joe, and that helped him understand his patients and their health histories. The histories of patients, he thought, were so important."

He delivered some 5,000 babies during his career and treated many of them into adulthood, sticking with them through thick or thin. "Particularly in the beginning, he did lots of lots of charity work; there was no Medicare or Medicaid," his wife noted. "Money was not the goal; the goal was getting people well."

She added with a laugh, "He always got paid better in August than any other time of the year, because that's when the crops came in."

While Dr. Parrott worked day and night, Mrs. Parrott kept things going at home, raising their sons, Jonathan and Stephen. "When I got married," Mrs. Parrott said, "a friend told me that when you marry a doctor, you have more money [than most people] but less husband. That's true. But I don't regret one part of it."

Her husband never took her efforts for granted. "My wife, Nancy, is not only beautiful, she has a beautiful soul," he said.

When this lifestyle they both considered so idyllic came to a crashing halt 10 years ago after the loss of Dr. Parrott's vision, the adjustment was intensely difficult. "It was very traumatic having to close his office and adjust to that," Mrs. Parrott said.

But Dr. Parrott had no intention of wallowing in self-pity. "I prayed to learn to bear this mild yoke, and indeed, the joy of partial blindness is marvelous. I can't read, but I have the loveliest of wives who scans everything for me, and then reads to me only that which is worth hearing," he said.

"God bless Jesus, he got over [his depression]," Mrs. Parrott said.

And he got on with his life.

Dr. Jesse Parrott

Photo by Mike Tanner

Incredibly, he forged a means to continue his medical practice. He was named Medical Director of Smith Hospital, a largely honorary title, and soon thereafter began volunteering in the hospital's detoxification unit. Today, he works from 9 a.m. to 3 p.m., counseling recovering substance abusers. "He's got the time to sit down and really listen to them," Mrs. Parrott said. "I think those talks are so effective."

He also has found time to serve as Mayor of Hahira and to write three self-published books. The books draw largely on his experiences as a doctor. "I won't pretend my stories have a national or international flavor," Dr. Parrott said. "I never intended for them to."

But they obviously strike a chord in Hahira. "They've been real, real popular in this area," Mrs. Parrott said. "He didn't really have a plan to do anything with them. He sat on the front porch writing, then finished his first book and put it in a drawer. That was supposed to be the end of it." But Mrs. Parrott had other ideas. She edited the book, then had a thousand copies printed. That book and the next two have sold briskly in Hahira, mainly to his legions of former patients.

Dr. and Mrs. Parrott cherish their family, which now includes three grandchildren. Dr. Parrott also has cultivated new interests, including running regularly, and he recently was named Hahira Senior Citizen of the Year. "We try to bloom where we're planted," Mrs. Parrott said.

And they are immensely grateful for the community that has embraced them so warmly. "People in Hahira stop me on the street, ask how I am and wait for my answer," Dr. Parrott said. "They ask about my eyes and if my vision will improve. And if I answer in the negative, I sometimes hear little moans, like the groaning of the spirit, and I am humbled and touched. I am a part of nearly every family and am treated accordingly." ■

MCG President Francis J. Tedesco (from left) and MCG School of Medicine Alumni Association President Alva Mayes congratulate Dr. Leila D. Denmark ('28) as she approaches her 100th birthday. The Alumni Association honored Dr. Denmark, still practicing pediatrics in the Atlanta area, during a Nov. 21 reception in Atlanta.

Thanks, Dad

Editor's note: *MCG School of Medicine alumnus M. David Redmond (class of 1980) wrote the following tribute to his father, W.J. Redmond Jr., 1923-1997.*

Back in the 1960s, when Talmadge Hospital (now the Medical College of Georgia Hospital and Clinics) was still surrounded by open fields, Dad would carpool several of my junior high school friends and me nearly every Saturday morning to volunteer in the hospital laboratory. Eventually, this led to summer jobs, as my father developed a friendship with Dr. Fares John, Acting Lab Director at the time.

In the 1970s, after I entered medical school, Dad frequently brought my roommate and me home-cooked meals and encouraging words, much appreciated during those grueling days. Graduation in 1980 was a particularly proud moment; Dad had never gone beyond high school.

In the 1980s, while I was serving in the Army Medical Corps, he would save articles on MCG from *The Augusta Chronicle* and eagerly show them to me during visits home. In 1985, he was happy to volunteer as a subject in a study conducted during my year of fellowship training with Dr. Michael Rivner, Director of the EMG Laboratory.

Over the next 12 years, he was a patient of Dr. Kerry Diver, my former classmate, and it was not unusual for Kerry to receive a cake or other treat in appreciation for his services. Also during this time, Dad became a friend and patient of Dr. Roy Witherington.

It is not surprising, therefore, that when my father passed away Sept. 4, 1997, he donated his body to MCG.

My father's sacrifices were not unique, and other alumni could tell similar stories. But Dad's love and support of MCG and me will not be soon forgotten. ■

Dr. Spaulding Succeeds Dr. Wray as Vice President

Toni Baker

Dr. Vernon C. Spaulding, Professor of Medicine and Associate Vice President for Clinical Activities at the Medical College of Georgia, has been promoted to Vice President for Clinical Activities.

Dr. Charles H. Wray, Vice President for Clinical Activities since August 1993, has been named Vice President Emeritus and Professor Emeritus. Dr. Wray will continue to work at MCG part time on projects such as implementing new clinical information systems and managing MCG's interagency agreement with the Department of Corrections.

Dr. Spaulding joined MCG's administration in January 1997 to work alongside Dr. Wray until his retirement and then assume the duties of Vice President.

"Dr. Spaulding has a great deal of experience in managing a large health care system in a managed care environment and over the past eight months has worked effectively with Dr. Wray and others to understand MCG's system of health care delivery," said Dr. Francis J. Tedesco, MCG President. "We are grateful to Dr. Wray for his assistance in this smooth transition, for his many years of excellent service and for his continued contributions. And, we are excited about Dr. Spaulding's expanded role in managing the complex and challenging times ahead for all academic medical centers."

Dr. Spaulding retired from the U.S. Army in 1996 as a Brigadier General after a 30-year career. His most recent appointments included serving as Commanding General of Eisenhower Army Medical Center, Commanding General of the Southeast Regional Medical Command and Lead Agent, Region 3 for the Department of Defense's Tricare Program from 1993 to 1995. When he retired, he was Command Surgeon for the U.S. Army Forces Command at Fort McPherson, Ga.

Dr. Spaulding earned his medical degree from Howard University in Washington, D.C., completed his internal medicine residency at Walter Reed Army Medical Center and a gastroenterology fellowship at Letterman Army Medical Center at the Presidio in San Francisco. ■

Alum to Oversee Outpatient Treatment for Elderly

Dr. Jeff D. Williamson ('86) has been named Assistant Professor of Internal Medicine at Wake Forest University Baptist Medical Center. He will direct a new outpatient center for frail elderly adults in the J. Paul Sticht Center on Aging and Rehabilitation.

The Sticht Center offers primary, acute and transitional care for the elderly, rehabilitation and geriatric psychiatry. The outpatient program will use a team approach to coordinate the needs of the elderly and work closely with their families.

Dr. Jeff D. Williamson

Dr. Williamson completed fellowship training in geriatric medicine at Johns Hopkins and received a master's degree in clinical epidemiology from Johns Hopkins University School of Hygiene and Public Health. Before joining Wake Forest, he was an Assistant Professor at Johns Hopkins University School of Medicine. ■

Alum Finds Fulfillment in Medicine, Citrus-Growing

Christine Hurley Deriso

When Dr. Barbara Carlton first visited tiny Wauchula, Fla., her mission was strictly temporary and strictly professional. She had earned her medical degree from the Medical College of Georgia in 1957, and soon after completing an internship at Talmadge Hospital (now MCG Hospital and Clinics), she was asked to fill in for a doctor for a few of days in Wauchula.

But the second day of her stay, she was set up on a blind date, and suddenly, Wauchula was feeling a lot like home. "The way I tell it, [Albert] fell madly in love with me and arranged for me to come back a time or two." Dr. Carlton obliged him, then accepted his proposal and married him in 1959. She married more than the man; she married his business, a several-thousand-acre cattle and citrus ranch in Wauchula.

"I grew up on a farm [in Lumpkin, Ga.], so it was natural for me to take it up," she says. She set up a family practice in their home, working in the orchards and bearing four children in her spare time. "I would see patients until the day before the baby was born. Then my mother would help me for a few weeks and I went right back to practicing medicine."

She had something of a built-in patient base: her husband's sprawling extended family included 35 first cousins, most in close proximity. "I learned very early to never talk about anybody, because I was probably kin to him," she says with a laugh.

Others might have considered Dr. Carlton's workload crushing, but she embraced it cheerfully. She never minded hard work, and she was thrilled to put her hard-earned medical degree to work. "I really had to study a lot in medical school, but I made very good grades," she says. Did she enjoy it? She chuckles. "If you can think about studying night and day as enjoyment, I enjoyed it."

After 10 years of practicing medicine in her home, she opened an office close to a newly opened hospital. "I worked there until 1977. By then, the kids were teenagers and I felt I should be home, so I decided to get a degree in homemaking. But I kept my finger in medicine. I've maintained my Florida license and do consulting work. I haven't stopped since I retired. I really need to go back to medicine to get some time off."

She became more involved than ever in cattle- and citrus-growing, particularly when heart disease began to slow her husband's pace. And she refined two of her passions: golf and hunting. "When I'm home, I'm usually hunting, mostly turkeys," she said. "And in golf, I have about a 14 handicap. I'm a very avid competitor."

Husband Albert died in 1992, and she began spending six months a year in the mountains of Cashiers, N.C. Her now grown children maintain the ranch, and she returns to Florida in time for the citrus and turkey seasons. She spends as much time as possible with her six grandchildren, whose occasional aches and pains have helped her hone her medical skills.

...continued on page 35

Anesthesia Students Complete Program

Christine Hurley Deriso

The first class of the Medical College of Georgia Nursing Anesthesia Program, which began in fall 1995, completed the program Dec. 5.

The students—Jayne D. Andrews, Patricia Dale Collins, Daniel E. McAlvin, Mary E. Rayfield, Joe A. Sanders and Geraldine A. Secor—will receive their diplomas during MCG's campuswide commencement ceremony June 6. The students were honored Dec. 5 during the First Annual Graduate Nurse Anesthetist Recognition Dinner.

Awards also were presented during the ceremony. Award recipients were Jayne D. Andrews, Outstanding Student Award and Director's Award; Mary E. Rayfield, Excellence in Professional Writing; James R. Charles, Clinical Instructor of the Year (Certified Registered Nurse Anesthetist); and Dr. Jerry L. Brown, Clinical Instructor of the Year (Physician) and Special Recognition Award.

The program offers a master's degree in nursing enabling graduates to work as nurse anesthetists. According to a 1989 Congressionally mandated study, more than 6,000 additional certified registered nurse anesthetists are needed in the country, and 40 percent more are expected to be needed by the year 2010. MCG's is the state's only nurse anesthetist program.

"There is a great need for nurse anesthetists in Georgia," said Dr. Vickie A. Lambert, Dean of the MCG School of Nursing. "Before MCG's program began, the state had been without a nurse anesthetist program for more than a decade."

The School of Nursing worked closely with MCG's School of Medicine Department of Anesthesiology to develop the program, Dr. Lambert said. "This has truly been a collaborative effort," she said. The program includes training in an anesthesia simulation laboratory, which features a mannequin that simulates physiological responses to anesthesia. The laboratory is the only one of its kind in a nursing school. ■

Pre-Certification Expert Has Knack for Persistance

Susan Yarborough

Clara Lytch will tell you she was just doing her job. However, Dr. David Crist plainly disagreed. Ms. Lytch found out just how much he disagreed when she looked up from her desk to find a huge basket of gourmet goodies headed in her direction, compliments of Dr. Crist.

Ms. Lytch, a Patient Planning Coordinator for Patient Access Services at Medical College of Georgia Hospital and Clinics, came in early and stayed late over several weeks to secure pre-certification for surgery for one of Dr. Crist's patients.

"I really felt she had gone above and beyond for this patient," said Dr. Crist, a surgeon in the Medical College of Georgia's Section of Gastrointestinal Surgery.

Although the patient's problem was commonly treated with medication, the standard approach was not working. Dr. Crist scheduled the patient for surgery. The patient's family arranged medical leave, and a relative was on her way to offer moral support. Everything seemed set, except for one small detail: the insurance company had to approve or pre-certify the surgery before it took place. That's where Ms. Lytch came in.

Ms. Lytch, a registered nurse with a bachelor's degree from MCG, arranges pre-certification with insurance companies for procedures ordered by the Sections of Gastrointestinal Medicine and Gastrointestinal Surgery.

Hospitals can't just schedule surgery and send in the insurance papers anymore. Life in the age of managed care isn't that simple. Except for emergencies, insurance companies want to know what they're being asked to pay for before surgeries and some other procedures.

"Pre-certification is required by

MCG nursing students offered free flu shots to Augusta city and county employees Oct 29-31. Dr. Martha Bradshaw, Assistant Professor of Parent/Child Nursing, supervised the junior nursing students. This is the fourth year MCG has offered the service. The vaccine is provided by University Hospital and funded by the Augusta-Richmond County consolidated government.

most insurances for many procedures that are considered elective and for every inpatient admission," Ms. Lytch said. "If we don't get pre-certification, the hospital and physician can't get paid."

More important, the patient must continue to live with a debilitating and sometimes worsening health problem.

All procedures, admissions and observations also must be reviewed for medical necessity and appropriateness of setting. This practice ensures reimbursement of the physician and hospital and alleviates the patient's anxiety about their hospital bill, Ms. Lytch said.

Ms. Lytch's goal is to win that pre-certification. Her main task is to supply a complete, orderly and persuasive summary of the patient's clinical history and the medical reasoning underlying the pre-certification request. She studies the patient's record and discusses the case with the doctor before starting a long phone conversation with another nurse at the insurance company.

This presentation sometimes leads to quick pre-certification, but sometimes, the insurance company wants more.

"The physician has to make several attempts to resolve a problem before trying surgery," Ms. Lytch said.

Everything is open to question, from details of the clinical history to results of diagnostic tests. Every time there's a question, Ms. Lytch must supply an answer, and if she doesn't have it at her fingertips, she does more research. She also tries to anticipate questions.

"I'll go home and read up on a problem and then I'll talk to the physicians on the service to see how that problem is handled medically," she said. Sometimes she calls the patients themselves to clarify details of their medical histories.

Getting a pre-certification can take weeks, and the insurance company can still require other tests before it gives approval. Occasionally, the attending physician must discuss the case with the reviewing physician at the insurance company. In some cases, surgeries have to be rescheduled because further tests are needed.

Ms. Lytch's aim to present everything clearly and completely so all requirements can be met with minimum inconvenience to everyone and the least worry to patients.

Since it opened last year, Pre-certification has become one of the busiest services at MCG. Ms. Lytch works alongside 12 nurses and eight insurance representatives in a large, open office on the first floor of the hospital. She takes comfort in having her colleagues close by, so she can benefit from their perspective on various cases and regulations.

"Getting pre-certification really is a group effort. I can't do it on my own," she said.

Despite the hectic days and occasional hectic evenings when everything she's done seems like it's not going to be enough, Ms. Lytch keeps going for the satisfaction that getting a successful pre-certification brings.

"This job is more than just insurance. When I phone patients to let them know we have their pre-certification, they are so thrilled," Ms. Lytch said. "They really do appreciate our going the extra mile to make them feel wanted here." ■

Alum Named Council Chairman

Debbie Sibley, Obstetrics Outreach Educator for the Medical College of Georgia Maternal and Infant Care Program, has been elected Chairman of the Georgia Council on Maternal and Infant Health.

The 17-member council serves as an advisory panel to Georgia's Governor and to the Department of Human Resources on issues related to the health of mothers and babies. Ms. Sibley was appointed to the council by Gov. Zell Miller in May 1994.

Miss Sibley earned her undergraduate and master's degrees in nursing from the MCG School of Nursing. ■

CDC Researcher Reaching Out to Long-Term AIDS Patients

Christine Hurley Deriso

Increasing success in treating the AIDS virus has presented new challenges for those trying to prevent transmission of the disease.

"As HIV infection becomes more of a treatable, long-term disease, people are having to learn to live with it for years, perhaps decades," said Dr. James Carey, an anthropologist and epidemiologist with the Centers for Disease Control. "Some feel that if they're being treated, safe sex is unnecessary. We're seeing more unprotected sex, in part because of new treatments becoming available."

Dr. Carey discussed his work, and passed along tips for securing CDC grant funding, during an Oct. 10 visit to the Medical College of Georgia School of Nursing.

Dr. Carey works for the Behavioral Intervention Research Branch of the CDC's National Center for HIV, STD and TB Prevention, trying to understand people's behavior and persuade them to adopt low-risk lifestyle habits.

"There's a slight shift in the way we're doing things," Dr. Carey said. "We've moved from primary prevention to greater levels of concern in assisting HIV-positive individuals and helping them deal with their situation for a long period of time."

The CDC recently distributed questionnaires to 200 homosexual men in New York City and San Francisco, trying to determine what would motivate them to adopt low-risk habits. Another study targets newly released prisoners. "The timing is critical for reaching this population," said Dr. Carey. "They often go back to their original communities, which may have promoted some of their problems in the first place. We want to see if we can't make a difference [in decreasing the risk of HIV transmission] as soon as they're released."

Yet another study targets specific populations—gay men, white women, black women, etc.—to determine how to best deliver the message of AIDS prevention to these groups.

CDC researchers are also trying to wade through the thicket of AIDS-related behavioral research produced nationwide, assessing the methodology and trying to separate the good science from the not-so-good. "We need to do everything possible to improve methodological credibility and make sure scientific projects are as good as they should be," Dr. Carey said. "If the science isn't solid, we could be making harmful recommendations, and we don't want to do that."

On the other hand, they don't want to overlook good data. "So much good information is out there, all these wonderful studies are funded, then that information isn't fully mined, or maybe not mined at all," he said. The CDC has begun offering grants specifically for scientists to unearth other researchers' buried treasure. The group also wants to make sure that published research does more than collect dust.

"A lot of behavioral intervention research may be very interesting, but it sits on a library shelf," Dr. Carey said. "We're trying to reduce HIV infection, but the data may not get connected back to the

programs. [Those in the trenches] may not get to take advantage of lessons learned. The goal is to get the research off the library shelves and into practical application." ■

Applications for Award Accepted

Medical College of Georgia-affiliated nurses or graduate nursing students are invited to apply for the Marilyn Chew Lunn Memorial Nursing Award.

The award, named for a former School of Nursing faculty member, honors outstanding leadership in nursing education or clinical nursing practice. The recipient will receive $500 during the School of Nursing Honors Convocation this spring.

Those eligible include current nursing students in the MCG master's or doctoral programs; current MCG School of Nursing faculty; and alumni of MCG graduate nursing programs working in nursing education or clinical nursing practice. Applicants must submit a current curriculum vitae; examples of outstanding leadership in nursing education or clinical nursing practice (publications, descriptions of special projects, awards, letters of commendation, etc.); and a statement describing leadership in nursing education or clinical nursing practice. Materials must be submitted to the School of Nursing Dean's Office (EG-3024, Medical College of Georgia, Augusta, Ga., 30912) by April 15.

Three faculty members will judge applications, considering breadth, quality and originality of leadership contributions in nursing education or clinical nursing practice. ■

Allied Health Sciences

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skills I acquired in the military. I also love statistics and numbers and science. And I've always had this distant fascination with the medical field," said Mr. Condon. "I also knew I did not want to work directly with patients because I think it would be too emotional."

Originally Mr. Condon enrolled in the two-year associate-degree program in health information technology, but the faculty suggested that he continue two more years for a bachelor's degree.

"My professors thought that I would be happier with the four-year program because it meant doing more hands-on work and projects, and that is what I was used to doing and enjoyed with my work in the Army," Mr. Condon said.

After earning his degree, Mr. Condon joined the MCG staff as an Assistant Cancer Registrar. The cancer registry lists all MCG cancer patients to allow the health care team to maintain contact with them and ensure continuing care and assistance with rehabilitation.

"The most important thing we can do to help patients with cancer is detect it early. The cancer registry allows us to follow all of our patients and check up on them every year," said Mr. Condon.

Mr. Condon also supervises cancer register technicians and coordinates weekly cancer conferences and bimonthly cancer committee meetings.

"This is my dream job," said Mr. Condon. "I'm so glad I have the opportunity to work at MCG. I want to pay back MCG for showing such kindness and providing me with great confidence." ■

Recent Highlights in the School of Allied Health Sciences

- The 1997 retention rate in the School of Allied Health Sciences was 98.2 percent; 174 of its 294-member class of 1997 graduated with honors.
- All seniors in seven of the School of Allied Health Sciences' eight departments took external examinations required for practice, scoring above the national average. Ninety-eight percent of seniors in the Department of Physician Assistant took the external examination required for practice; their pass rate was 96 percent, higher than the national average.
- The School of Allied Health Sciences Health Information Management Program has been ranked number one in the nation, based on results of the field's credentialing examination. MCG students and those earning their degree via distance-learning scored above the national average in every category on the 1997 exam.
- The School of Allied Health Sciences received a three-year, $468,237 Interdisciplinary Training in Rural Areas grant from the Bureau of Health Professions to match students with medically underserved rural areas for clinical training.
- The School of Allied Health Sciences received a $390,247 grant from the Bureau of Health Professions to use multidisciplinary instructional modules to strengthen and enhance the school's curriculum, particularly in the areas of prevention and health promotion, geriatrics, long-term care, home health, hospice care, AIDS, rural and minority health issues and ethics. ■

Medicine

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"My children spend a lot of time getting Mom to diagnose over the phone," she says.

Today, at age 65, Dr. Carlton is extensively involved in volunteerism. Three years ago, the Albert Carlton Cashiers Community Library was dedicated in honor of her husband; Dr. Carlton spearheaded the fund-raising drive, which netted $700,000. "Nothing could have been more fitting," she says. "My husband was an avid reader."

Dr. Carlton also has raised money for Florida's Healthy Kids program, providing health insurance for needy children. She recently completed a fact-finding mission in Poland, helping determine Poles' medical needs in the aftermath of communism. Since then, she has seen that medical supplied were shipped to the country, and she has sponsored students from Poland and Romania, enabling them to earn medical degrees in the United States, then take their skills back home. Regardless of which of her many pursuits currently occupies her time, "I keep trying to achieve a higher goal," she says. ■

Reunions Slated May 2

Medical College of Georgia School of Medicine reunions will be held during Homecoming 1998 for the following classes: 1938, 1943 March, 1943 Dec., 1948, 1953, 1958, 1963, 1968, 1973, 1978, 1983, 1988 and 1993.

The reunions will be held at 6 p.m. May 2 at the Radisson Riverfront Hotel, Two Tenth Street. A social hour at 6 p.m. will be followed by dinner at 7 p.m. Photographs will be taken of each class. A dance will be held in the hotel's ballroom at 9:30 p.m. See page 18 for more information. ■

Class Notes

School of Allied Health Sciences

Eileen Schweers Ray (P.T., '87), Anderson, S.C., and her husband, Roger, are pleased to announce the birth of their daughter, Margaret Sheron (Mollie) Oct. 8, 1997, 7 pounds, 2 ounces, joining big sister Cassie. Eileen is on maternity leave, but before Mollie's birth, she developed an aquatic physical therapy program at Anderson Area Medical Center. Roger is a 1988 graduate of MCG's neurology residency program and practices in Anderson. He completed his term as Chief of Staff at Anderson Area Medical Center in January and serves on the South Carolina State Board of Medical Examiners.

School of Graduate Studies

Glenda P. Sims (M.S.N., '76) is an Associate Professor of Nursing at the University of South Carolina-Spartanburg. She graduated from Georgia State University in March 1997, earning a Ph.D. with a major in nursing education.

Allison L. Wright (Medical Illustration Graduate Program, '89) and ***Gene N. Wright*** ('90) are the proud parents of twin boys, Lucas and Scholl, born Oct. 14, 1997 in Athens, Ga. Allison is a medical illustrator/animator with the University of Georgia College of Veterinary Medicine's Educational Resources Division. Gene is an instructor and head of the UGA Lamar Dodd School of Art's Scientific Illustration Program.

Ellen Palm (Medical Illustration Graduate Program, '91) and husband Taylor Jones are new adoptive parents to Maya Lin Jones, born June 2, 1996, in Wuhan, Hubei Province, People's Republic of China. Ellen is a medical illustrator in the MCG Department of Surgery. Ellen and Taylor traveled to China in November 1997 to adopt their daughter.

School of Medicine

Dr. Frank C. Wilson ('54), Kenan Professor of Orthopaedics at the University of North Carolina School of Medicine, has been elected President of the Thomas Wolfe Society. The society has 550 members from five countries. Also, Dr. Wilson received the Distinguished Orthopaedist Award of the North Carolina Orthopaedic Association during its September meeting. In receiving the award, Dr. Wilson discussed "A Profession in the Service of Healing."

Dr. William Silver ('63) is building a cosmetic surgery center in Dunwoody, Ga., called the Premier Image Cosmetic and Laser Surgery, which will be the first specialty plastic surgery center in Atlanta. Dr. Silver served on the faculty of the international meeting for "The Aging Face" in Indianapolis, sponsored by the American Academy of Facial Plastic and Reconstructive Surgery. He discussed surgically treating the aging eye and nose. Dr. Silver is the academy's Membership Committee Chairman and past Vice President. He is on the board of the American Board of Facial Plastic and Reconstructive Surgery.

Dr. F. Stuart Sanders ('82), Clarkesville, Ga., has been elected Vice President of the American Association of Cardiovascular and Pulmonary Rehabilitation for 1997-99 and recently was named Clinical Associate Professor of Medicine (Cardiology) at the Emory University School of Medicine. He practices internal medicine and sports medicine.

Dr. Carol Clough Borden ('89), an obstetrician/gynecologist in Tucson, Ariz., and a fellow of the American College of Ob/Gyns, gave birth to a son, Samuel Joseph, Sept. 9, 1997.

Obituaries

Dr. Charles Eugene Waller ('62), Anderson, S.C., died Aug. 5, 1997 after a long illness.

School of Nursing

Valarie (Hubbard) Ford (B.S.N., '83), Warner Robins, Ga., graduated from Georgia College and State University in June 1997 with an M.S.N. in family health nursing. She is Patient Education and Community Medicine Liaison for the Family Practice Residency Program at the Medical Center of Central Georgia in Macon, Ga., and co-authored an article in September 1997's *Family Medicine* journal. ■

Deadline for submitting information for publication in the spring issue of AlumNews is May 4, 1998.

Alumni! Let us know what's new with you by taking a moment to fill out this form. Also, please send us your curriculum vitae so we can keep your files up-to-date.

☐ Male ☐ Female

Today's date

Name

Phone

School graduated from

Degree Class year

Street address

City State Zip

❑ Check if new address

Present specialty and place of practice or training

Professional news (attach additional page if needed)

Personal news (b&w photos welcome)

Please send to: Christine Deriso; Alumni Center FI-100; Medical College of Georgia; Augusta, GA 30912

Gifts of Real Estate to the Medical College of Georgia

During the last several years, the Medical College of Georgia Foundation Inc. has received several large gifts of real estate. Like any other gift to the foundation, real estates gifts provide substantial support to the financial base of the institution.

The steps for giving real estate need to be carefully followed. Initially, the donor should contact our Development Office to arrange a visit to the property. The MCG Foundation Board of Directors must decide whether to accept proposed gifts of real estate. If environmental concerns exist, if the property appears to need substantial improvements and maintenance, or if difficult to sell, the Directors may not accept the gift.

The next step is to acquire a certified appraisal. The appraiser establishes the current fair market value for purposes of the charitable deduction. The Internal Revenue Code requires that a supporting document signed by the appraiser be included with the donor's tax return for the year of gift. If the MCG Foundation sells the donated property within two years of gift date, we must notify the IRS of the sales transaction.

Any liens or mortgages against the property should be paid in full before the gift is made. Such indebtedness causes the transaction to be considered a bargain sale as opposed to a gift. It leads to some capital gain recognition and reduces the size of the charitable deduction.

Donations of Property, Like that Advertised Below, Are Mutually Beneficial

Generally, the services of an attorney are needed to prepare a deed of gift and to record the deed in your county's property records. The date of the recorded deed is the date of gift. The time allowed for a gift of real estate may require two months; complications in evaluations and reviews can take longer. Don't delay a gift when trying to beat the year-end deadline.

Upon completion of the gift, the foundation will become liable for all responsibilities of ownership. It will pay the property taxes, insurances, repairs and maintenance. In 1997, the MCG Foundation received a gift of a shopping plaza adjacent to our campus worth about $2.5 million. This property has long-term leases and may be useful for future campus development; therefore we do not plan to sell this property at this time. More typically, the foundation will sell donated property.

Real estate is used to fund charitable remainder trusts. In these applications, the MCG Foundation agrees to make payments to a donor in consideration of the gift. The mechanism is particularly advantageous when the property is highly appreciated since no capital gains are realized. Generally, the trust document will not begin the income payments until the donated property is sold.

Another option permits individuals to donate property to the MCG Foundation and receive a charitable deduction but maintain the right to live on the property for the remainder of their lifetimes. In these cases, the foundation and donors must negotiate issues like obligations for property taxes, insurances and maintenance.

While these gifts are complicated, the considerable tax advantages to the donor and the significant financial resources to the MCG Foundation make them especially important. Please contact my office for further information at 1-800-869-1113 or write me:

Bruce L. Howerton
Director of Planned Giving
FI-1000
Medical College of Georgia
Augusta, GA 30912-7700

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The information contained herein is believed correct but is not warranted and is subject to change prior to sell
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